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CLINICAL LECTURES
ON
DISEASES OF THE UTERUS AND ITS APPENDAGES;

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ENGORGEMENTS OF THE UTERUS.

IN order to complete the history of uterine engorgements and tumours, it remains for us, Gentlemen, to speak a few words on a peculiar tumour of this organ, and on the nature of the polypi of which it is often the seat.

1. *On a peculiar Tumour of the Uterus.*

We sometimes find a tumour, whose nature is but little known, developed in the substance of the uterus, and to which it is of importance to direct your attention. Its most common seat is in the lower and posterior part of the uterine parietes. When we pass the finger through the dilated neck, into the cavity of the uterus, we find a tumour varying in diameter from that of one shilling to a crown piece; it is but little prominent, rounded, more or less well-circumscribed, and fixed into the parietes of the uterus like a marble with which children play, projecting by one half of its mass. It is neither as hard as the fibrous polypus, nor as soft as the vascular one. Sometimes it is insensible to the touch, at other times any handling occasions excessive pain in the part; its form seldom varies, and in most cases the rest of the organ remains perfectly sound. Is the tumour, Gentlemen, of a carcinomatous nature, or is it simply the result of partial inflammation in the uterus? Is it a white, indurated, scirrhous point, a polypus, a cyst, or a cartilaginous or earthy concretion? Pathological anatomy has every now and then demonstrated the existence of these different products in the uterus; but as to the precise nature of the tumour concerning which we speak, it must be confessed that examination of the living body has not been sufficient to explain it satisfactorily. In cases of this kind, the curative indications are confined to two circumstances:—to combat any inflammation which may exist, and, when this state has been removed, to have recourse to discutients, which, however, should be employed with great reserve. These tumours have been considered as necessarily mortal; I do not agree in this opinion; I have treated many women affected with similar tumours, and have often prevented them from passing into a state of degeneration by dissipating the inflammatory symptoms; sometimes they disappeared altogether; on other occasions they become small and indolent, exercising no influence on the general health. However, they are subject for a long time to take on a fresh irritation, which must be subdued by the means already pointed out at length.

2. *On Uterine Polypi.*

The history of uterine polypi has been studied with more care and attention than any other class of uterine diseases; I shall therefore direct your attention only to certain points which are either little known or entirely new. The two varieties of these tumours, which we most frequently find, are the cellulo-vascular and the fibrous polypi. The first variety is commonly found on the lower part of the neck of the uterus, between its two lips, or on the inferior and internal surface of the womb. They are in most cases small, single or multiplied, presenting the shape of granulations, sometimes fixed, with a large base, but more frequently hanging from a pedicle more or less elongated. In the latter case it is often difficult to recognise them by the touch if the pedicle be implanted above the neck, for they yield to the finger, and pass into the cavity of the uterus, where you must follow them with the finger, a manœuvre generally possible, on account of the dilatation of the neck. These tumours may be removed in the following manner:—the vagina is to be

distended by the speculum, and the parts cleaned of any mucus, &c., which may obscure the vision; the polypus is now to be seized with a long forceps, twisted round as often as may be necessary, and removed; the only precaution you have to take is to seize the polypus near its root, in order to exterminate it more completely, and you convince yourself that this result has taken place when you feel a slight depression at the spot where the pedicle was inserted.

The polypi are often accompanied by hypertrophy and œdema of the neck, or engorgement of the uterus itself. Hence you have not finished the cure when you have operated, particularly as the wound which is left becomes a cause of irritation to the organ already affected. Eight or ten days after the operation, you should carefully examine the state of the cicatrix, and conduct the case according to the symptoms which may present themselves. Fibrous polypi may be removed in the same way, when the pedicle is very small. As to the ligature, we regard it as a bad measure, only to be employed when all other means are inapplicable. Excision of the polypus is by far the best operation; the manner of excising the tumour is simple and known to you all; the tumour is seized with a forceps, and drawn down until the neck of the uterus presents at the vulva; when this is down, you pass up a finger along the pedicle, and conduct a pair of curved scissors along it, with which the excision is completed. Whenever the pedicle ascends too high into the uterus, the neck of the organ must be incised, and this gives you every facility for completing the operation. There is no danger of hemorrhage: I have never seen more than a few spoonfuls of blood lost, and in all cases the bleeding may be arrested with certainty by the plug. But sometimes the polypus is too soft, and gives way under the forceps when we attempt to draw it down. This circumstance would seem to render excision, as we have described it, impossible; here you must seize, not the tumour, but the neck of the uterus itself. You have not to dread any ill consequences from the slight wound made by the point of the pincers. Leeches, you know, are applied to the os uteri without causing any pain, and even the division of the neck is not painful. Pressure appears to be the only means by which any excessive sensibility of this part is developed. This is a remarkable phenomenon, but is not without its analogy in the human economy.

Let us now examine facts which may be cited in support of the operation which we recommend.

Case 1.—A few months back I was called upon to attend a young woman in the Rue Cherche-Midi, who had been attacked with alarming hemorrhage fifteen days after an easy labour. The hemorrhage had recurred at intervals since its first appearance, and destroyed the health of the patient. When I first saw her, she seemed on the brink of death. MM. Andral, Hatin, and Bouillaud, had been already consulted on the case; I recognised the existence of polypus, fixed on a large bone near the bottom of the uterine cavity; no time was to be lost; the operation was resolved upon; but the polypus was soft, spongy, and gave way on the least effort being made to draw it down; I therefore seized the neck of the uterus with the forceps, and brought it down to the vulva; the examination of the tumour now became more easy; the fingers could be passed round the base of the polypus. On taking into consideration the weakened state of the female, and the manner in which the uterus was dilated, I resolved to employ the ligature, which was accordingly applied by means of Leuret's instruments. As soon as the ligature was drawn tight, the hemorrhage ceased. On the following morning a few ounces of blood were drawn from the arm, as the pulse appeared somewhat developed. On the eighth day the polypus was changed into a putrid mass, and on the fifteenth day the patient was perfectly cured, though a little weakness still remained. The wounds made by the forceps did not produce any inconvenience.

Case 2.—Some time after this, the sister of a captain in garrison at Paris, placed herself under my care for a similar affection. I found two polypi inserted close to one another in the interior of the uterus, about half an inch above the os tincæ; one was as large as a big nut; the other was elongated, and attached to a slender pedicle, which glided along the former. I seized the larger tumour with a forceps, and brought it down to the vulva, and there passed up a curved scissors upon the two pedicles, which I endeavoured to divide by one cut; the larger polypus was thus removed, but the other ascended with the uterus, and seemed to have remained untouched; the smallness of its pedicle put it out of the question to think of seizing the polypus, I therefore fixed the hooks in the neck of the uterus, brought down that organ to the vulva, excised the polypus, and in three days the patient was able to walk about the garden of the Luxemburg.

Here, Gentlemen, we may discuss a question, which no author has noticed.

When you are convinced of the existence of a polypus, and of the urgency of operating, should you defer the latter because the woman happens to be menstruating? I will relate to you the following case as an answer:—

Case.—A young woman came from the south of France to Paris to undergo treatment for some affection of the uterus; she was treated, during three months, for an engorgement of the uterus, without any benefit, when M. Latapie consulted me. It appeared that every eight days she was seized with strong expulsive pains; this is a remarkable symptom, and should always make us suspect the presence of some tumour in the uterus. I touched the woman, and found the os uteri dilated, —almost effaced. Having forced the finger into the uterus, and described with it those rotatory motions which I have already noticed to you, I succeeded in discovering a rounded body, projecting from the surface about a line and a half; the toucher was repeated several times, in order to avoid all error; and, finally, having succeeded in passing the finger between the tumour and the parietes of the uterus, I announced with certainty the existence of a polypus. As the patient was evidently sinking, an operation became urgent; but as the menstrual discharge was expected next day, we thought it right to defer the removal of the tumour; unfortunately hemorrhage came on, followed by peritonitis, and the patient was carried off in two days; the examination of the body confirmed the diagnosis which we had formed.

Since that time I have seen another female destroyed by a metro-peritonitis supervening during the menstrual discharge; hence I have formed the resolution for the future not to defer an operation which the circumstances of the case render urgent, because the woman may happen to menstruate at the time.

ULCERATIONS OF THE UTERUS.

We have now, Gentlemen, to consider a part of our subject, at once important and difficult—viz. the ulcerations which are developed on the neck, or in the body, of the uterus. In order to treat these affections with the greatest clearness and order possible, I shall speak, in turn, of injections and phlyctenæ of the neck, which often precede, and sometimes simulate, ulcerations; of ulcerations, properly so called; of scrofulous ulcers succeeding tubercles; of those fungous tumours produced by certain ulcerations; and, finally, of carcinomatous ulcers and vegetations.

1. *Of Injections and Phlyctenæ of the Neck of the Uterus.*

In almost all women affected with abundant discharge from the vagina, we find the posterior lip of the neck of the uterus coloured red, and this state of injection seems to depend on the contacts of the fluid secreted by the uterus, in the same way as the tears cause redness, and even excoriations, of the cheek, in cases of epiphora. They are of little importance in themselves, but the mucous membrane may finally become altered, unless the catarrhal state which gives rise to them be attended to.

There are, however, other injections, totally independent of this course, seated in a part, or in the whole neck, of the uterus, while the vagina retains its natural colour; they bear a general resemblance to those spots produced on the skin by a dartreous affection; they are of a red-brown colour, indicating inflammation, and are slightly elevated above the level of the surrounding healthy parts. In some cases they are found in isolated spots, and as perfectly circumscribed as if made by a nipping-tool. I have sometimes seen them formed by a net of small vessels, arranged as we find them in inflammations of the pharynx. In all cases they are accompanied by simple engorgement of the part; very rarely by induration of the neck; and we generally find, upon touching the woman, that the mucous membrane is soft, thickened, velvety, and bleeds with great readiness. As these injections sometimes terminate in inflammation, they merit peculiar attention. When they are accompanied by shivering, heat, and pain, we must employ antiphlogistics, general baths, lavements, and emollient drinks; if the pain be very excessive, we must moderate it by the use of narcotics, and a revulsive bleeding from the arm. When the local irritation has been thus removed, these injections sometimes disappear, but in general the least exercise, copulation, or the use of any exciting fluid, &c., brings back the acute stage and all its symptoms. You should not, therefore, be deceived by a remission of the symptoms, and believe the affection cured, because it has passed into a chronic state. In the latter condition, antiphlogistics are no longer useful; here is the time to apply astringents to the affected part; but the manner of applying them is by no means indifferent. Some practitioners introduce every day, by means of the speculum, a plug of lint dipped in the astringent fluid; but this is a manœuvre highly calculated to produce fresh irritation, and at the most only ap-

plicable to women of the town, whose organs, accustomed to the contact of foreign bodies, have lost a great part of their sensibility. Injections are also prejudicial; if very strong, they irritate the mucous membrane of the vagina, and if weak, they produce no effect on the neck of the uterus; the best means—one which often succeeds upon the first application—is to cauterize the parts gently with the nitrate of mercury. The affected surface should first be touched softly with a brush, so as to remove any mucus, &c., which might oppose the action of the acid; then you apply the cauterizing substance very lightly—just enough to whiten the injected spot—and you often obtain a perfect cure in eight days.

We sometimes see the neck of the uterus marked with small miliary vesicles, discreet or confluent, limited to a part of the neck, or occupying its whole surface. When these vesicles burst, they give rise to small superficial ulcerations, which often unite together, and form excoriated spots of some extent. Sometimes instead of vesicles we find pustules of a larger size in greater or less number, and very similar to aphthæ. In this case also I prefer cauterization with the nitrate of mercury to any other means.

2. *Simple Ulcerations.*

I commence this division of our subject, Gentlemen, by noticing, that as the lower lip is more frequently the seat of inflammation, eruptions, ulcerations, &c., than the upper one, so the posterior lip of the os tincæ is more frequently affected than the anterior. There we most frequently observe injections, phlyctenæ, and ulcerations. However, ulcerations may exist in other parts; for example, between the two lips of the os tincæ,—where they may escape your notice, unless you take the precaution of raising up the anterior lip, or higher up, near the cavity of the uterus. In the latter case their existence can only be revealed by the touch. The neck, usually dilated, permits the finger to penetrate, and instead of the polished serous-like surface which the uterine membrane presents in a healthy state, we find it thickened and flocculent; and although the touch may have been exercised with the greatest delicacy, the finger often returns stained with blood. Under these circumstances you cannot mistake the nature of an alteration, the extent of which it is at all times difficult to determine.

Ulcerations of the uterus present very different appearances; sometimes they are confined to simple excoriations, at others they exhibit a slight excavation; and, in many cases, the mucous membrane being thickened, and the edges swollen and prominent, they appear deeper than they really are. Sometimes the bottom of the ulcer is rough, and divided by fissures, or it may be covered by fleshy granulations, which, in certain cases, assume a fungous appearance, and have been mistaken by inexperienced surgeons for carcinoma. It is not always easy to distinguish a simple injection from an ulcer or excoriation; it is almost impossible to get a side view, at the bottom of the speculum, and the front view is subject to error. However, the diagnosis is of great importance. For example, in the case of a cicatrix resulting from amputation of the neck; a sign of great weight, one which has seldom failed me, is obtained in the following manner: pass a pencil of fine charpie softly over the affected spot; if it be an injection, you have no effect produced; but if an ulcer exist, you will find some trace of blood on the lint. Some superficial ulcerations bleed very readily. You should always suspect these; the accident shows, in the first place, that the uterus is gorged with blood, no matter from what cause; but what we have most to dread is, the development of a varicose tumour, of which we will presently speak. In some women the slightest excoriation, with or without induration, may give rise to almost all the symptoms of cancer. During the epidemic cholera, we had anatomical proof of the simplicity of these ulcerations. Several of our patients died, and the neck of the uterus was examined with the utmost minuteness; the mucous membrane was found red, softened, a little fungous; the ulceration was superficial, and beneath it the tissue of the uterus was sometimes superficially affected and soft, at other times perfectly sound.

Cauterization is the chief method we employ for the cure of simple ulcerations; but to be successful it requires certain conditions: if, for example, the uterus be affected with general or partial engorgement, to such a degree that the volume of the diseased part is doubled, I would not advise cauterizing. I have seen the opposite principle followed in many cases, and the operation was almost invariably followed by metritis or metro-peritonitis. Death has sometimes been the result, and hence several physicians regret this measure, although its danger is entirely the result of their own inexperience. Thus, take it as the first rule, that any considerable engorgement contra-indicates cauterization; a slight state may permit it. In the first case our whole attention must be directed to the state of plethora in the

uterus; the second is an exceptive case, where a superficial ulceration has made considerable progress, in spite of the medical remedies employed. Here also you may try the cautery, but with reserve, and be ready to suspend it on the slightest appearance of the accident which we have pointed out.

Inflammation of the vagina, or of the neck of the uterus, and even excessive pain of those parts, are also contra-indications. Finally, you should never cauterize four or five days before appearance of the menses, during their discharge, or three or four days after, lest you may add an artificial irritation to that which is already seated in the uterus. The method of applying the caustic is of great importance to be considered, and this means has been for a long time brought into disrepute by the imprudent manner in which it has been too often employed. Thus, some physicians pass up to the neck of the uterus, lint moistened with the nitrate of mercury, and keep it in contact with the part for ten minutes. Others employ cones of caustic potass. What can we expect from the use of such irrational means, except that which actually takes place, viz. excessive and even fatal inflammation, perforation, obliteration of the vagina, &c.?

I have applied to ulcers of the neck of the uterus the principle laid down by M. Alibert, for the cauterization of destructive cutaneous dartres, i. e., to cauterize superficially, much less with the object of destroying the tissue than changing their vital action. On this principle you have seen many superficial ulcers partially cauterized at this hospital, and the effect has been to modify the whole surface. I proceed in this manner: As soon as the speculum has been introduced, the mucous layer is removed with a fine brush. Should the ulcerations discharge a little blood, I inject cold water; and if this be not sufficient to arrest it, the bleeding surface is cauterized. When the hemorrhage has been completely everted, I remove the clot which causes the ulceration, and then cauterize the subjacent tissues. For this purpose I employ a small fine brush, like that used by miniature painters, and when the surface of the ulcerations has been sufficiently touched I pour cold water into the speculum to arrest the action of the caustic, and prevent it from spreading beyond the diseased surfaces. When the lotion has remained for about a minute, the speculum is withdrawn.

The proto-nitrate acid of mercury, Gentlemen, is the caustic to be prepared for these operations. I have made numerous experiments with different substances, and find this infinitely the best. I prefer it to the nitrate of silver, which has the disadvantage of frequently bringing on the menstrual discharge. This is a phenomenon of which I am unable to give you the explanation.

The effects of cauterization are different in different women. In most cases it is not even felt by the patient; but in others, on the contrary, it produces excessively acute pain; and frequently we remark that the pain does not commence before the fourth, sixth, or eighth cauterization. Perhaps the first applications act only on the morbid tissues, while the latter, being placed in contact with parts which have returned to a state of health, act, consequently, more sensitively. The pain generally shows itself one or two hours after the cauterization; or is, at all events, much exasperated by it. The patient feels a smarting about the womb and loins, and the symptoms may remain from one to twenty-four hours, rarely longer. They are removed or quieted by cool emollient injections; small clysters, composed of a decoction of linseed and poppy; warm-baths continued for a long time; or finally, by a revulsive bleeding from the arm. Up to the present day, I have cauterized an immense number of female patients, and have never met with any dangerous accidents. The application of the cautery produces much greater pain during bad weather, or when there are sudden variations of temperature. We all know the power of atmospheric influences on females, and especially on those of a nervous constitution. Some women, indeed, cannot bear the operation at any time, but this is a rare case. I have only seen two examples of the kind; although we had previously employed baths, emollient injections, bleeding, and narcotics, until all pain had disappeared, the operation gave rise to a renewal of the symptoms, pain, a burning sensation in the parts, nervous derangement, and diarrhœa, to such a degree, that we were compelled to lay it aside altogether. Another anomaly, less rare, but not less remarkable, is this: a woman who has suffered excessively from one cauterization, will not suffer at all when the operation is repeated in eight or nine days afterwards, and vice versâ. This I have frequently observed, but cannot attempt to explain to you why it occurs.

The cautery is, in most cases, applied every eight days. Should it cause much pain, you may wait for an interval of ten or twelve; but here a question presents itself: At what period are we to judge that the cautery has been sufficiently applied, and when may we cease to employ

it? The object of cauterizing is to modify the surface of the ulcer; to reduce any granulations which are exuberant, and to dissipate the hardened or hypertrophied condition of its edges. If you obtain these results after two or three applications of the caustic, and if the formation of a cicatrix proceeds from the circumference to the centre, touch only the latter point, and you will often find the cure completed after four or five applications; but in many cases, when the cautery has been employed four or six times, the cicatrix becomes stationary, and then many physicians advise you to continue the operation. I fell into the same error for a long time, but was at last undeceived in the following manner. Having fallen ill, I ceased to cauterize my patients for a month or more. Many others were compelled to leave Paris on account of private business, &c., and when I saw them again, they were either completely cured, or in the way to convalescence. These observations were not without some benefit, and now I adopt the following line of practice.

Having cauterised the surface five or six times, when there is no longer any trace of luxuriant granulations, induration, violet colour, &c.; in a word, when the ulcer presents a healthy aspect, I suspend the use of the acid, whether the cicatrix makes progress or not, and prescribe, for three or four days, emollient injections, which I afterwards replace with a fluid of a more stimulating nature. At first view we might be inclined to think that the chlorate of soda should produce the same effects here that it does when applied to ulcers of the legs; but experience does not confirm this; in fact, it has completely failed. We have also tried decoctions of the pomegranate-bark, of roses, &c., of various degrees of strength, all without any use. Finally, we have employed the infusion of bark, a scruple to a pint of water, gradually augmenting the quantity, or substituted the decoction for the infusion. This liquid, used as an injection, has appeared to produce more effect than any other, and has been sufficient to cicatrize, in a few days, ulcerations which were rebellious to every other means. These injections may excite heat and slight smarting pain for five or ten minutes. Should those results persist for a longer time, you must dilute the liquid with water, or suspend its use altogether. Thus, Gentlemen, whenever the caustic is not sufficient to effect a cure, you have recourse, with success, to the injection now mentioned; and, as sometimes happens, if the latter means should fail to produce a complete cicatrix, you recur again, in a few days, to the cautery, which is then generally effective. It appears that the bark, in such cases, has modified the surface of the ulcer, and renders the subsequent use of the cautery more efficacious; in fact, it is known to favour the development of granulations.

The time necessary to obtain a perfect cicatrix varies very much, and it is difficult to lay down any rule upon this head. Some women are cured in fifteen days or a month; others remain under treatment for three or five months, or even longer. When the cicatrix is formed, you sometimes see several small white points developed upon its centre; but it generally remains red, and may be mistaken for a superficial excoriation; here, as a side view cannot be obtained in the speculum, you must have recourse to the measure already noticed, and pass a bit of charpie over the surface to see if it bleeds or not.

You now understand, that the treatment of ulcerations of the uterus presents very different indications, and that it was essential to dwell upon them in the manner we have done. The cautery has been recommended as a general means. We do not mean to deny that some cases may be cured by antiphlogistics or revulsives alone, but they are so rare, that we would not estimate them above 1 in 100. It is unnecessary to say that the cautery need not be employed after it has been used sufficiently to produce a cicatrix.

3. *Scrofulous Ulcerations.*

I define a scrofulous ulcer to be one which succeeds the formation of tubercle in the neck of the uterus. In the five or six cases of this kind which I have seen, the general constitution of the patient, and the issue, through a small opening, of a caseous matter, analogous to that furnished by the cervical glands when they suppurate, have left little doubt on the diagnosis. You have seen, Gentlemen, one of those women in the Salle St. Augustin. As the neck of the uterus became engaged in the speculum, the pressure of the instrument produced a discharge of cheesy matter from a small orifice which conducted to an abscess in the uterine parietes. This woman was cured, became pregnant, and was delivered without any accident. You may also see the ward-maid of the same ward; her uterus was enormously distended by a tubercular abscess situate in the posterior wall; the abscess opened externally, and the female, after two years of treatment, now enjoys a state of health of which you all may judge. These abscesses ordinarily pursue the same march as a cold abscess; you may feel the fluctuation with the finger, and open them with a bistoury if you think right. The narrow fistulous opening by which this pus is at

first discharged, increases insensibly. The edges of the orifice being destroyed by ulceration, soon leave the bottom of the cyst exposed, appearing gray, ragged, irregular, and discharging an abundance of disagreeable matter, quite different from that of cancer. The abscess is sometimes accompanied by an engorgement of the uterus and its neck; this was the case with our ward-maid, and it was a long time before we were able to dissipate the engorgement after the ulcer had been cicatrized. The uterus is sometimes knotty, a circumstance which often gives rise to a suspicion of cancer when it does not exist. I fell into this error, with several other physicians, in the case of the ward-maid to whom I have before alluded; in fact, if we except the lancinating pain, she had all the symptoms of cancer. The fluctuation of the abscess is the first thing which may awaken your attention to the real nature of the disease, and at a later period all doubt will be removed by the issue of caseous matter, the readiness with which the ulcer closes, and the quickness of the cicatrization. The treatment consists at first in the use of antiphlogistics, should there be any inflammation, taking care to regulate them according to the constitution and strength of the patient; afterwards you may employ astringents and the cautery, and second their action by the internal use of bitters.

4. *Fungous Tumours of the Neck of the Uterus.*

This severe affection succeeds, as I have said, to certain superficial ulcerations which bleed with great facility.

Cases.—Some few years ago I saw two women in whom each application of the speculum produced a considerable discharge of blood from ulcerations of this kind. Although I could not discover any softening of the tissue by the touch, I proposed cauterization to prevent any further progress of the disease; but this advice was not followed; in some time I was recalled, and found both patients affected with a well-marked fungus hæmatodes, which soon carried them off. About fifteen months ago I recognised in another female an ulceration presenting this character of bleeding freely. I again advised the cautery as a necessary measure; but the attending physician would not consent. This same lady returned to consult me three months back; she has a fungous tumour of the neck of the uterus, the results of which may be easily foreseen. In these three cases the fungous or varicose tumour had extended from the neck of the uterus to the upper part of the vagina, a circumstance which rendered any operation impracticable. Whenever, then, you happen to meet with ulcers of this kind, your first care (unless there be inflammation) should be to cauterize them at once, in order to arrest the progress of so dangerous an affection.

When the fungous tumour is well developed it is soft, velvety, divided by fissures, and separated into masses; it gives rise to a very abundant exudation of albumen, or frequently to dangerous hemorrhage. What can art do when the removal of the tumour is no longer practicable? We may touch it gently every eight days with the caustic, to retard its progress; by this means I have prolonged the life of several patients. Compression might, perhaps, be advantageous, but we possess no observations upon this head. It is unnecessary to tell you that removal of the tumour is the only efficacious remedy, and that it should be performed at once, as soon as the necessity has been established.

5. *Cancerous Ulcerations and Vegetations.*

It now remains for me to speak of cancer of the uterus, a subject the more difficult, from the varied forms of cancer in this part of the body. Sometimes it appears as an ulcer accompanied by vegetations and hardened points, still in a scirrhous state; sometimes the finger sinks into the tissue or into a slough, from which it returns covered with a matter horribly fetid, and in this case the patient, tormented by pain, diarrhœa, and an erratic fever, with a yellow tint of face, and spreading about her an abominable characteristic odour, reveals to the most inexperienced eye the disease which destroys her, and its approaching termination: but at other times the picture is less sombre. We find a dry ulcer, without pain, but it eats away the tissue of the uterus, like those destructive ulcers of the face. Are these true cancers? The answer can influence our practice but little: in every case we must apply ourselves quickly to the removal of the disease; for as it advances the pain is awakened, and becomes of the most horrible nature, especially if the woman be nervous. Sometimes this pain assumes a strange inexplicable character of intermittence. Thus I have seen some cases in which the pain returned every five or six weeks. You may see them yourselves in the Salle St. Augustin, where they have been for one or two years. On other occasions a general or partial engorgement of the uterus is attended with the formation of vegetations; they are soft, easily torn, fill the vagina, and sometimes project beyond the vulva, bleeding on the least touch, and

secreting such a quantity of fluid, that I have seen women wet fifty or sixty napkins in the course of the day. This secretion exhales a bad odour, and excoriates the thighs, even where they have been covered with a fatty ointment. It is remarkable that the woman does not suffer at all, if we except a little uneasiness and weight about the pelvis, and a little pain in the loins; the body remains fat, and the face retains its colour, and this appearance of health deceives the physician, especially before his attention is awakened by the discharge from the vagina. Are we to regard this as a case of cancer? But whence then have we the absence of local pain; it is true, generally speaking, that the pain comes on at a later period; and I am inclined to think that the disease is not cancerous in its origin, but becomes so as it advances. I have cured three cases of this kind. In the case of a woman, given over by three physicians, the fungous tumour came away of itself, did not reappear, and her health is perfect at the present day.

Truth compels me to avow, that if we except the simple ulcers of which I have first spoken, and scrofulous ulcerations, the differential diagnosis of all the others rests in the greatest obscurity. Some writers, indeed, have attempted to lay down characteristic signs, but you will in vain seek these at the bed-side of the patient; and if the disease progresses, and laughs at all our efforts, what signifies whether we demonstrate its carcinomatous nature or not, when the health is destroyed, and no hope of safety is left except in operating? This is the answer I would give to those superficial critics who have reproached me with removing the neck of the uterus, when they could not find there any scirrhous or cancerous matter. Are we to leave the disease to go on and become incurable? When every other hope of cure is lost, and the affection still continues to exercise a deleterious influence on the economy, the part should be removed without delay. This is true surgical philosophy. When these ulcerations are of a doubtful character, if the smallness of their extent permit us to defer operating, we commence by attacking the state of engorgement. When the woman gets weak from the abundance of the secretion and the supervening hemorrhage, we have tried in five cases to destroy the vegetations with the finger, and then cauterized. Twice the cautery gave rise to inflammatory symptoms, and we were forced to abandon it.

CLINICAL LECTURE,

ON CASES OF

VENEREAL DISEASE,

Delivered at the Jervis-Street Hospital, Dublin.

By WILLIAM WALLACE, M.D., M.R.I.A., &c. &c.,

One of the Surgeons to the Hospital; and Surgeon to the Dublin Infirmary for the Treatment of Diseases of the Skin, including Venereal Diseases.

(Subject concluded from the Lecture published last week, page 11.)

CASE.—*Simple Phagedenic Primary Syphilis, with Black-Slough; or Primary Syphilis, extending by Black-Slough, without irritability or inflammation, attended by incipient Bubo. Treated with the Nitrate of Silver and Mercury.*

The last case to which I shall at present request your attention is that of Bernard Curry, a robust and healthy-looking labourer of twenty years of age. I shall read you his case also as reported.

1st day. Two ulcers occupy the whole under surface of the penis, from its middle to its preputial extremity. They are of an oval form, one larger than the other; and the smaller fully as large as a shilling. Their surface is of a black or rather of a very dark brown colour, mottled faintly with deep yellow, and presenting a soft pulpy appearance. Their areolar margin is very slightly whitish, and this would seem to be, at least in part, owing to a line's breadth of detached cuticle, lying on the cutis at the edge of the ulcer. The sores are placed on a hard basis, which extends beyond their circumference. There is considerable serous infiltration of the extremity of the prepuce, and the raphe of the penis forms a swelled and hard cord. There is but little pain in the sore. The glands in each groin are slightly enlarged. The sores commenced about a fortnight ago. Has taken no medicine, except some salts. The pulpy surface of the sore was several times rubbed with the nitrate of silver. Twelve ounces of blood were taken from the arm, and it was directed that four grains of calomel should be taken immediately, and followed in three hours by a purging draught.

2nd day. The surfaces of the sores being of a lighter colour than yesterday, now present a nut-brown hue, and seem rather smaller. The whitish aspect at their circumference has disappeared. The swelling of the penis, as well as the redness of

its integument, are diminished. The pain caused by the caustic lasted two hours, but the sores are now quite free from all uneasiness. The swelling of the glands of the groin is not diminished. It was directed that two of the calomel and tartar-emetic pills should be taken four times a day; and water dressing was applied to the sore.

4th day. The surfaces of the sores are still covered by a thick stratum of brown pulpy matter, which is removable in a great measure by pressing the sore with lint, and then the granulations underneath appear somewhat reddish. The raphe of the penis continues thickened and whitish. The strong solution of the nitrate of silver was applied to the surface of the sore, and the calomel and tartar-emetic pills were repeated.

5th day. The swelling of the penis is much diminished. The surfaces of the sores are on a level with the surrounding skin, and present a much redder colour, yet they have still a faint tinge of brown. There is no defined appearance at the edges or circumference of the ulcers. The size of the glands in the groin not increased. The weak solution of the nitrate of silver was applied to the sores, and the pills were repeated.

6th day. The swelling of the penis is nearly gone; the surface of the sores is of a healthier red, particularly at their circumference, which appearance, together with a smoothness of surface in this situation, and a callous whiteness of their areolar margins, leaves no doubt that cicatrization is commencing. Mouth tender. The same treatment was continued.

10th day. The penis is free from swelling; the ulcers have contracted very much in extent. Their margins are red, and covered with a thin cuticle, and the callous white appearance outside their red margin is still more obvious. The surface of the sore itself is red, and covered in the interstices of the protruding granulations with a thin stratum of lymph. Mouth more tender. The same treatment continued.

11th day. The stratum of lymph covering the sore is increased in thickness, yet the sore is contracting rapidly, and presents, as before, a red margin, surrounded by a callous white ring. The weak solution of the nitrate of silver was applied to the sore, and the pills continued.

13th day. The smaller of the two sores is nearly healed, and the other is much diminished. His mouth is more sore, yet he has little mercurial fetor. The groins are well.

15th day. The smaller sore is healed, and the larger one is nearly healed; yet it looks a little glassy. To have a purgative draught, and omit the pills.

17th day. The larger sore may be said to be healed, for a scab, the size of a pin's head, covers it. The cicatrix of the first-healed sore is still tumid. The pills were repeated.

I have read you sufficient of this case to demonstrate the power possessed by the conjoined action of the nitrate of silver and mercury to control the progress of this form of phagedena, as well as that of the others which we have already considered.

You will remark, that the treatment adopted in this case was precisely the same, and, I will add, directed by precisely the same principles, as the treatment of Hart's case, which was a case of simple white phagedena. I need not, therefore, enlarge on this subject. There is, however, one point connected with the present case—its diagnosis—upon which it is necessary for me to make a few remarks. You have seen how extremely beneficial the action of mercury and the action of caustic were in this case; but there is a form of phagedena to which these remedies would be most destructive, and which presents to the eye of an unobserving practitioner so much resemblance to the present form of disease, that it is within the sphere of possibility that the routinist may confound the one with the other. I allude to that form of black phagedena which is necessarily accompanied, from its origin to its termination, by inflammatory action, — to that disorganizing action which is commonly called mortification. The characters of these two affections, when considered with the eye of an observer, are, however, so different, that I would not have supposed it possible for the one to be mistaken for the other, if I had not found that such has actually been the case. This is a mistake, Gentlemen, which I hope none of you will ever make; indeed you cannot make so gross and so serious a mistake if you remember the well-defined difference so often pointed out to you by me, between the black phagedena with inflammation, and the black phagedena without inflammation. The former is highly painful, while the latter is almost free from pain. The former sloughs equally at the edge and surface, while the latter sloughs principally by its surface. The colour of the former is deep black, while that of the latter is a brownish black. There exists no defined hardness under or round the former, while the latter is placed on a very indurated basis.

The former is, if compared with the latter, remarkably rapid in its process of destruction. Lastly, while the former is surrounded by an intense degree of redness, the surface surrounding the latter is not necessarily increased in redness, and is often of a callous or whitish hard colour. Look, Gentlemen, at these drawings. (Here Dr. Wallace exhibited some beautiful illustrations of the three varieties of black phagedena.) Here are examples of inflamed phagedena with black slough; here others of black phagedena without inflammation. How different, how strikingly different, in appearance, when opposed to each other! The one resembles the other merely in the unusual extent of the ulcer, and the dark colour of its surface. All their other characters are quite dissimilar. I need not now detain you longer upon this subject. When we are considering some of our cases of the black phagedena with inflammation, I shall probably revert again to it. Remember at present the importance of the diagnosis, and the symptoms by which it is determined. Remember the remarkably beneficial action of mercury and of the nitrate of silver in the one, and the direful consequences which the same remedies produce in the other.

It must have struck you how precisely similar the treatment has been in the three forms of phagedena which we have been considering; and you may, perhaps, ask the question, what necessity is there to consider these cases as different varieties? Might they not have been all placed together? You can answer this question if you reflect on the very different appearance which each presented when compared with the other. I have informed you already, that certain varieties of primary syphilis, which exhibit very different characters, require a precisely similar mode of treatment, and that others, having, to a superficial observer, a very similar aspect, must be treated in a widely different manner. Would not, therefore, a practitioner be most likely to go astray in the treatment of these affections? Would he not be most likely to treat alike those sores which appeared to his observation alike, and differently those which presented a different appearance? Is it not, therefore, indispensable to the correct management of the varieties of this disease, to place in different compartments such as present a different aspect, as well as such as require a different mode of treatment?

I must, however, remark to you, that although the three varieties of phagedena, illustrated by the cases which I have now considered, are, at first view, so very different in their appearance, there are some important circumstances in which they closely resemble one another, and in which they differ from all the other varieties of phagedenic primary syphilis. Thus they are all free from irritability and inflammation, and they are all accompanied by considerable induration of the basis on which they are placed; in both which respects, I repeat, that they differ from all other varieties of phagedenic primary syphilis. To these resemblances I may add, that they not unfrequently show a remarkable tendency to change their characters, so as to run into each other. Thus the first variety will, on some occasions, present a white slough on part of its surface or circumference. The second variety will sometimes exhibit in its *centre* a black or brown slough; and the last variety not unfrequently appears to be at its circumference as much allied to the white phagedena as to the black. It is important to pay attention to these marks of relationship among these varieties of phagedena, inasmuch as they afford some explanation of the similarity of treatment required, and of their difference in this respect from the other forms of phagedenic syphilis. In fact, the three varieties of phagedena illustrated by the cases which we have been considering, yield with almost unerring certainty to remedies which would cause the most destructive consequences in many of the other forms of syphilitic phagedena, and could not be used in any of them without the greatest caution, and under very great restrictions, as you will find hereafter, when I shall have occasion to call your attention to their mode of treatment. To sum up; out of the nine varieties of phagedena described by me, there are three, each and all of which are free from inflammation and irritability, and attended by circumscribed induration, which may be treated locally, according to the same principles as those laid down for the local treatment of the regular form of primary syphilis; that is, by the nitrate of silver; and constitutionally by mercury; while of the remaining six varieties, that is two-thirds of the whole, there is scarcely any at all suited to the same mode of treatment, and none in which that treatment can be used with safety, unless under very peculiar circumstances, and with the greatest caution.

ON THE TREATMENT OF

VASCULAR NÆVUS.

By MARSHALL HALL, *M.D., F.R.S.*, &c.

To the Editor of THE LANCET.

SIR,—In the *Medical Gazette* of March 22, 1834, there are some observations upon a plan which I had proposed for the treatment of nævus, in a paper read before the *Medico-Chirurgical Society*, made by some of the members present. I thought those observations injurious to the interests of science, and I therefore addressed a few lines in reply to the editor of the journal in which they appeared, requesting that if my communication were not inserted, it might be returned to me immediately. That gentleman did not think proper either to insert or return my letter! I will ask any man of honourable mind in our profession—Is this conduct either fair or courteous? The editor of the *Gazette* observes, that I ought to have been present at the reading of my paper. Mighty dictator!—*Risum teneatis amici!*

I will now briefly state, as I may remember, the contents of my letter. To the observation of Mr. Stanley, that I ought to have pointed out the different kinds of nævus, I replied that my paper was short, and that it merely proposed to offer "conjectures" for the *treatment* of this disease; yet, that it did enumerate and describe *six* varieties, viz.—1. The *arterial*; 2. The *capillary*; 3. The *venous* or *varicose*; 4. The *subcutaneous*; 5. The *complicated*; 6. The *crescent*; and I asked what other kinds of nævus there were. To Dr. Locock's remarks—first, that I condemned all other kinds of treatment except my own,—I replied that I did,—that I thought excision a bloody operation, and the ligature, caustic, &c., barbarous; secondly, that some nævi disappeared spontaneously. I replied that, however this might be, the observation did not apply to my cases, for that in them might be traced, as white lines, the course of the needle point. I entirely forget what I said about Mr. Lloyd's remarks; they did not appear to me to call for a particular reply.

But, Sir, the chief object of this note is, to lay before your readers the *real* plan for the treatment of nævus which I do propose, and to correct the mis-statement in the *Gazette*. I propose to take a needle, appropriate, in size, to the magnitude of the nævus; to insert it at *one* point of the circumference of the nævus, and to carry it through the substance of the disease from that point to *various other* points, a certain number of times, proportionate to the object we have in view. Each of these movements of the needle induces an incision, which, being treated as adhesive inflammation, *substitutes cicatrix* for the morbid *vascular tissue*, and so cures the disease, in a certain degree. This curative process goes on slowly, and when complete, is only partial in reference to the entire nævus. *The operation is, therefore, to be repeated at regular and proper intervals, until the whole nævus is obliterated.* This is the point to be pressed upon the mind of the surgeon. The operation itself is as trifling as a venesection, or an inoculation; the external puncture alone is painful; if done skilfully, it may be performed in one minute!

And now let me ask what parent would subject his child to the scalpel, the ligature, or the caustic, when a mere puncture, duly performed and duly repeated, will accomplish a cure? And what can the surgeon do in the case of a large nævus of the cheek, the tongue, the lip, the eyelid? The loss of blood, the pain, the ugly scar, attendant on the various plans of cure hitherto proposed, are sufficient, one would think, to deter any person from repeating operations attended by such effects.

Let me warn my readers, that the first effect of a trial of my plan will be disappointment; the curative process is so slow, that he will be apt to think the mode of treatment ineffective. But let him wait some weeks, or months, if necessary; and if it should be necessary to repeat the practice every month, for a whole year even, I should still assert that this plan is the best, because the mildest, and the most generally applicable, which has been proposed.

Finally, let the reader compare what I have here written with the garbled statements of the *Medical Gazette*, and judge whether the editor of that journal has represented my proposition honourably and fairly! I am, Sir, your obedient servant,

MARSHALL HALL.

14, Manchester Square, March 26, 1834.

ELECTRICITY IN VARICOSE VEINS.

To the Editor of THE LANCET.

SIR,—On reading in your valuable publication, THE LANCET, of the 15th instant, the case of **Mrs. H. Walker**, I felt very much hurt at her sufferings.

We read of the ancients placing their sick and afflicted in "the high-ways and public places," that some one passing by, who, like them, had been afflicted, might tell of a remedy; you, Sir, will not, therefore, I trust, object to give a place in THE LANCET to the following (merely because it is non-professionally given), and I will be as brief as I can in stating what has invariably proved with me a remedy, and sometimes a very quick one, in that distressing disease of the legs, varicose veins. I have, through excessive fatigue (being sometimes without rest for ten or eleven nights together), been very subject to varicose veins; and, during the period of twenty-five years past, I have met with a great number of females in like manner afflicted. All these, as well as myself, have been cured, whenever placed upon an insolated stool, and had the electric sparks drawn from the leg along the veins affected, beginning at the *extremity* of the swelling of the veins. Under this mode the swellings soon subside, without ever requiring a bandage. For me, in my business, this is an unspeakable advantage, for I could not do to be bandaged, and, without electricity I think I could not long follow my business, for whenever I have neglected to have recourse to it in time, I have found, that although the vein itself did not *rupture*, a wound would begin to form even at a distance from that part of the vein most affected, and most likely to burst. The skin of a distant part of the leg will, in some instances, be abraded without any visible cause, and a thin ichor run from the part, a part which, to a superficial observer, would appear to have no connexion whatever with the varicose veins; but spark the veins and restore them to a healthy state, and this wound immediately skins over and becomes sound.

With a view of keeping my promise of "brevity," I shall only add, that in cases where, unhappily, deep ulcers have been formed, the "wooden point," so called, must be used, for I have known instances where it has been used with very great effect; it cools the wound and brings on a disposition to heal, by the wound secreting a much more laudable species of matter.

I am, Sir, yours, very respectfully,

FRANCES SIMPSON,
A Midwife, and formerly a Pupil of the late Dr. Thynn.

Leicester, March 26th, 1834.

CONSTIPATION CURED WITH THE STOMACH PUMP.

To the Editor of THE LANCET.

SIR,—At the request of my friends, I forward you the following particulars of a case of severe constipation, that has recently occurred in my practice, for insertion in your valuable LANCET. It occurred in a robust elderly sailor, and had resisted, I believe, every attempt at relief,—bleeding, injections, warm-baths, croton oil, castor oil, elaterium, and blistering. I cured the patient by introducing the tube of a stomach-pump, two feet one inch in length, into the stomach, and working it in the usual manner, without causing pain or inconvenience to the man. On raising the piston the fourth time, it brought up fecal matter, and continued to do so till I had extracted more than a quart. On withdrawing the pipe, he was enabled to void his fæces per anum, and speedily recovered from a hastily approaching dissolution. I had introduced the largest-sized rectum bougie three times, without meeting with interruption to its passage, showing apparently that the cause of obstruction was beyond surgical reach. I am, Sir, your obedient servant,

ALFRED DAVIS, M.R.C.S.L.

Cerne Abbas, Dorsetshire,
27th March, 1834.

EXERCISE OF THE LEFT HAND.

To the Editor of THE LANCET.

SIR,—The celebrated Mr. Hunter is represented by Sir Charles Bell to have said, "Give a part its natural use, and that use will be its stimulus to attaining perfection,"—an observation that seems consonant with practical experience; for there can be no doubt that the healthy exercise of any member of the human frame is highly conducive to the perfection of such member.

The deficiency of strength and activity in the left arm and hand compared with the right, is sufficiently illustrative of such an opinion. There is a much greater equality of efficiency between the two legs and feet, than there is between the two arms and hands, which arises from their more equal exercise. Such being the fact, I think it will be a public benefit if the old and singular custom of rearing children to the constant use of one hand, to the prejudice of the other, were totally

abolished, and the alternate use of both in their various occupations universally substituted. The advantages derivable from such a regulation, connected with various circumstances and accidents, require no details. If you will give publicity to this suggestion in your useful LANCET, you may be the means of creating millions of ambidexters. I remain, Sir, yours, &c.

JAMES SMETHURST.

South Lambeth, Surrey,
March 29th, 1834.

MEDICAL REFORM.

THE APOTHECARIES ACT.—PARISH MEDICAL CONTRACTS.—MEDICAL CHARITIES.—PROFESSIONAL REMUNERATION.

To the Editor of THE LANCET.

SIR,—I beg through your widely circulated periodical to congratulate the profession on the subject of medical reform being at length taken up by the legislature, under the direction of Mr. Warburton and Mr. Hume. At the same time I hope your attention will be directed to some of the observations, which appear to have escaped your notice, made by Colonel Wood, in opposition to the appointment of a select committee. The following remarks to which I refer are extracted from the *St. James's Chronicle*, dated Feb. 11th:

"The Apothecaries Act, of which the hon. Member complained, was passed in 1815, and, in his" (Col. Wood's) "opinion deserved the title of the *Poor Man's Act*. It was in the power of the rich, when afflicted with illness, to procure for themselves the best medical advice, but the poor must be content with such assistance as the parish provided for them. The Apothecaries Act then, by requiring every practitioner to undergo a *strict examination*, afforded to the poor every possible protection against the employment of quacks and ignorant men as *parish surgeons*."

Of all the "ignorant" measures ever sanctioned by law, I have no hesitation in asserting, that this Act has been found the most injurious to the interests of the poor, by almost entirely depriving them of the benefits of *surgical* skill. Before its enactment no one ever heard of anatomical pursuits being discouraged, *because the exhumation of dead bodies was illegal*, and few practitioners were considered eligible to the appointment of *parish surgeon*, who did not possess a competent knowledge of *anatomy* and *surgery*, and a diploma from one of the Royal Colleges of Surgeons. Then the parochial poor participated in general in the same benefits which the rich enjoyed; then it was considered no disgrace for such able surgeons as the late Mr. Hey, of Leeds, and others as humane and experienced as himself, to attend the poor; and we rarely heard of any instances of ignorance and neglect in the discharge of duties upon which it was considered honourable to enter. No sooner did that vicious Act come into operation than a host of *ignorant apothecaries* presented themselves at parish meetings, and, introducing their *trading propensities*, succeeded in monopolizing, as they now do, almost all the parishes in the kingdom by means of *contracts*, disgraceful to themselves and the profession. To such an extent is this evil carried, especially in provincial towns and agricultural districts, that there is scarcely an exception to be found; and the prevailing distress in those situations, has produced a connivance at the practice in the very clergymen and magistrates, who are constantly witnessing its pernicious effects. Hence science and honourable conduct have been discouraged, and the destitute poor left no alternative, but to endure the most despotic tyranny, under the conjoint influence of this Apothecaries Act and the poor-laws, *as at present administered*. The very name of *parish-doctor* is now often a by-word to distinguish an ignorant and unfeeling apothecary from the more respectable members of the profession. The impositions practised on the Worshipful Company are a sufficient proof that their "strict examinations," as Colonel Wood calls them, are more adapted for taking fees from the starving candidate than for the good of the community. Since the year 1815, an apprenticeship to a chemist and druggist, together with a certain degree of effrontery, have been found just as valuable a passport into the profession as the legitimate distinction derived from clinical observations, and the practice and precepts of tutors possessing medical and surgical experience. Since that dark era in the history of physic, the mantle of science has been stolen from the philosopher, and assumed by the trading sciolist, whose *ubiquity* would in France and Germany be considered a public nuisance.

Had the Royal College of Surgeons in London exercised, as they should have done, their jurisdiction in every part of England and Wales, no apothecary could have ventured to usurp the title and office of a surgeon without their diploma; he would have been compelled to pursue his appropriate occupation of pharmacopolist and dispenser. Such a salutary regulation, however, would not have accorded with the views and practices prevailing

among *some* physicians and consulting surgeons, who, having no *solid* claims to popular fame, are well known to court the servile recommendations of the most uneducated apothecaries.

The numerous legal proceedings and coronary inquisitions for malpractice, particularly in the obstetrical department, which have taken place since the year 1815, render it needless for me to record any of the various instances of surgical ignorance that have come under my own observation. Indeed, I feel more disposed to pity than to censure those who have been *tempted* to enter the profession *without possessing a knowledge of anatomy and surgery*. I would draw the veil of charity over individual want of knowledge, and visit the peccancy of any corporate body which from mercenary motives would make happiness or life a sacrifice to cupidity, by obtruding on the public a practitioner who could not distinguish *hydrocele* from *hernia*, or who should commit the *more fatal blunder of dividing the* CAROTID ARTERY, *in performing the simple operation of* TRACHEOTOMY.

If the *general practitioner*, who must necessarily possess the most useful and extensive knowledge of his profession, and enjoy the public confidence, has a due regard to his prospective interests, he will find it advisable to relinquish the *profit of stock*, and to pursue the nobler course of seeking to establish his claims to that reward which is virtually due to the exercise of *mental labour* and *manual dexterity*. This desirable reformation appears now in prospect, and I hope that the wise and comprehensive view which Mr. Warburton seems to have entertained, will prevail in the senate, and that the LONDON COLLEGE OF MEDICINE, or an institution founded on similar principles, will be established by law, through whose portals it may be required that every candidate should pass, as a proof that he has been educated in the sanctuary of *medical and surgical science*. The public health and safety demand that the new regulations should have a *retrospective operation*, by submitting every member of the profession who may not possess a diploma from one of the Royal Colleges of Medicine or Surgery, or testimonials of attendance on the *surgical* practice of one of the large metropolitan hospitals, and of having diligently *dissected* the human body, to a "strict examination" before a competent *public* tribunal. Every *doctor of medicine and surgery* (i. e. the present *legitimate* general practitioner) should be at liberty, according to locality and other circumstances, to dispense his own prescriptions, and entitled to remuneration, either definite or indefinite, for *attendance* and *advice* only, and positively *forbidden to make any charge for medicines*.

As the poor laws are about to be revised, with a view to their amelioration, I sincerely hope that the *parish contracts*, to which I have alluded, will be rendered *illegal*. The evils resulting from them have become so oppressive, that I have been induced to propose the establishment of *local infirmaries*, instituted on such principles as are calculated to afford the poor the best assistance in medicine and surgery. My pamphlet and subsequent conspectus, detailing the plan for uniting the advantages of an infirmary and dispensary, adapted for every provincial town in England and Wales, accompany this, and are at your service.

Every medical charity should be so constituted, as to invite the attendance of the most competent, honourable, and humane medical and surgical officers; and whenever this principle is adhered to, the result is universally satisfactory, the poor esteem it as a fountain of health, and their benefactors receive from their incessant labours the highest reward, namely, the consciousness of doing good. Poverty and disease should be recommendations to all medical institutions; and the excellent manner in which the Bath United and the Manchester Hospitals are conducted, sufficiently exemplify the extensive powers of professional talent, when liberally combined with disinterested charity. At the former place, by means of its noble institution, no less than 10,000, and at the latter, 18,000 poor persons annually receive the gratuitous attendance and advice of the best physicians and surgeons.

Among the various and important objects to which you have so ably alluded, as likely to engage the attention of the medical committee, you have omitted to notice the claims of medical and surgical practitioners to remuneration for attendance at coroners' inquests and at assizes and sessions, when subpœnaed to give evidence. At present the surgeon is liable to be deprived of all recompense for his loss of time, unless desired to attend an inquest by a note in the hand-writing of the churchwarden of the parish in which it is held. The amount of allowance for attendance in courts of law is also so uncertain, and so often dependent on the integrity of the attorney conducting the case, that it is proper the committee should be requested to propose a definite allowance, to be agreed upon, and decided by such legal enactment as Parliament in its wisdom may think it right to establish.

I cannot conclude without expressing

my admiration of your independent spirit, and able and unrelaxing services in the great cause of medical and surgical reform; and my hopes that ere long we may see merit triumph over patronage, and the stream of charity purified from the noxious weeds which at present obstruct its progress. I am, Sir,

Your obedient servant,

J. M. Coley.

Bridgnorth, March 17th, 1834.

THE MEDICAL PROFESSION IN IRELAND.

To the Editor of The Lancet.

Sir,—I am led by the perusal of the leading article in your valuable journal of the 15th of March, to offer a few remarks for your consideration.

I perfectly agree with you in the statement therein made as to the wretched state of the regular practitioners in Dublin, and also lament with you the usurpation and barefaced pretensions of the mere licentiates of the Apothecaries Company of that city, who are, indeed, as you justly remark, destitute of every essential qualification for the station they occupy in society.

But, Sir, while our sentiments on this subject entirely coincide, I beg leave to dissent *in toto* from the insinuation which you seem to make, that there are no regular practitioners in Dublin save the members and licentiates of the Colleges of Physicians and Surgeons of that city, nor can I for one moment admit that those individuals are a whit more worthy of confidence than the graduates and members of other Universities and Colleges of Surgeons, who are practising with success in the same place,—for instance, Doctor Macartney, Doctor Corrigan, &c. I know it has been the practice for such abettors of monopoly as Mr. Colles, "et hoc genus omne," to raise the hue-and-cry against every man whose circumstances were such as to oblige him to become a graduate or member of universities in Scotland, or of the Colleges of Surgeons in London or Edinburgh; but it should be borne in mind, (and you have with your usual discernment explained the matter most satisfactorily,) that the main cause of Irishmen graduating &c., in Scotland and London is "*the selfish policy of the few who constitute the Dublin Colleges, who, by infusing into the minds of their apprentices*" (for the pupils here are those intending to proceed to London or elsewhere) "false ideas of their proper pursuits,"* thereby compel those who wish to become general practitioners to procure their degree or diploma in Scotland or England; and I again assert, and will prove it if necessary, that the latter are as well educated, and possess just as much ability, as their *more favoured brethren*. Many of them have been *obliged* to become licentiate-apothecaries, and some *few* are members of the Hall Council, of which I have the misfortune to be one. "Misfortune" I call it, for two reasons, first, because it has cost me 400*l*., which I cannot get back; and, secondly, because I disapprove altogether of their proceedings. But what can I do? I cannot cease to be a member without throwing away my money (foolishly laid out), and I have in vain endeavoured to transfer my share. Some of my friends are similarly situated. We purchased our shares at an early age, before becoming physicians and surgeons, and having abandoned pharmacy, we now find ourselves linked in obloquy with a body whose acts we despise. It is rather hard, therefore, that we are to be set down as abettors of empiricism.

In conclusion, Sir, I take the liberty of remarking, that I was much disappointed at your not noticing the exclusive system of appropriating the County Infirmaries to the apprentices of Messrs. Jacob, Cusack, Colles, Crampton, &c. &c. And not only are the appointments in the County Infirmaries thus disposed of, but the monopolists are endeavouring to get the management of Dispensaries, and every other medical and surgical institution in the country, into their own hands, to be given as rewards to those who apprentice themselves to one of their body. Is this state of things to be perpetuated? Is a man to be a surgeon in one country and not in another? You, Sir, I am convinced, cannot approve of such a system. You, who have so eloquently advocated the predominance of liberal and just arrangements in the profession, cannot suffer to exist, unmolested, a monopoly, which appropriates the medical and surgical institutions of Ireland to a certain class of men, merely because their diplomas cost more money than those of other practitioners. I am sure, on the contrary, that you will advocate the cause of your oppressed and degraded brethren in Ireland; and I have little fear but that the talent and exertion of such men as you, will soon cause the abolition of all the absurd distinctions which at present tantalize and degrade us. I have the honour to remain, Sir, your obedient servant,

A Member of the Royal College of Surgeons in London.

* And in consequence of their by-laws prohibiting the compounding of their own medicines.

INVENTIONS IN LITHOTRITY.

NOTE FROM MR. W. FERGUSSON.

To the Editor of THE LANCET.

SIR,—In No. 548 of your Journal I observed a letter from Mr. Weiss, cutler, in London, in which he assumes the merit of having invented a double-bladed instrument for breaking stone in the urinary bladder, long before Baron Heurteloup came to this country. As this is a matter for those two individuals to decide upon, I shall not interfere; though it appears very clearly that Heurteloup is the inventor of the *percuteur*. Mr. Weiss seems not to deny this; and what object he could have in publishing his letter, further than personal abuse towards me, I cannot make out.

In a former number of THE LANCET (15th February, 1834), I described a modification of Heurteloup's percuteur, which I fancied might be of service in simplifying the nature of the lithontritic process. This modification consisted in the application of a rack and pinion to the double-bladed instrument, the bruising force being applied by means of that apparatus instead of the hammer, as used by the above-named operator. The various trials which had been made with this modification convinced me of its superiority over the apparatus of Heurteloup, and I therefore felt no hesitation in laying a description of it before the public, particularly as I was not aware of such a one having been described previously.

In my letter I mentioned having seen an instrument, constructed by Charriere, of Paris, in which the bruising force is applied by means of a screw, and that I considered it a useful one though inferior to my own. I still hold the same opinion. The screw force, though in many respects more powerful than that with the rack and pinion, cannot be applied with such facility or rapidity. The instrument in question is, I presume, similar to the one at present so successfully used on the continent, by M. Ségalas, and nothing astonished me more on reading Mr. Weiss's letter, than the ignorance he betrayed regarding this instrument, which, in point of ingenuity and efficiency, is infinitely superior to his own "latest improvement," of which he has favoured us with a sketch.

I may be wrong in considering myself the first who has applied the rack and pinion, and therefore shall with pleasure give up whatever merit is due on the subject, to him who establishes a prior claim. I am willing, however, to be the advocate of the invention, and of its superiority over any that I have yet seen for the purpose of breaking stone in the urinary bladder.

I have requested Mr. Macleod to make an instrument on the same plan, but much stronger, for the purpose of breaking large calculi which cannot be readily extracted in the lateral operation of lithotomy; and as it is a much more applicable and manageable one than that described by Mr. Earle, or any other that I know of, for the same purpose, I conceive it may be of considerable efficacy in lessening the danger and difficulty of this very formidable operation. Mr. Macleod has already procured a patent for both of these, and I trust that he will soon be remunerated for the great expense he has been at in accomplishing my views.

I am grieved in having to notice the very indiscreet style of the letter from an individual so much esteemed by the profession as Mr. Weiss is. He ought to have been sure that he was perfectly free from any "obliquity of vision," ere he published his "latest improvement," and more guarded in his attack upon the private character of an individual with whom he was not in the slightest degree acquainted, and, moreover, one of a profession to which he, Mr. Weiss, has admitted his numerous and great obligations.

I have the honour to remain, Sir,
Your most obedient servant,
WILLIAM FERGUSSON.
Edinburgh, March 22, 1834.

CLAIMS OF MR. WEISS TO THE INVENTION OF THE URETHRA DILATOR.

To the Editor of THE LANCET.

SIR,—Mr. Guthrie, in his clinical lecture, published on the 15th ult., gives an account of "an instrument for dilating the urethra," which he speaks of as being his invention. Judge of my surprise, therefore, when I discovered that this instrument was one made and wholly invented by me, slightly modified at Mr. Guthrie's suggestion. Mr. Guthrie may suppose, that I have only now to resign into his hands the honour of the invention, which, with his characteristic modesty, he has hitherto permitted me to enjoy, and to be grateful for his kind forbearance in having so long allowed me this privilege; but I beg to be allowed permission to prove my claim to the merit of having contrived this instrument, by a plain statement of facts, through the

medium of your journal; and I trust it will have the effect of repairing the injury done to me by Mr. Guthrie, and also serve to refresh his memory with respect to the point at issue.

About the latter end of the year 1820, Sir Astley Cooper called on me, and gave me a drawing of an instrument which he wished to have made for the purpose of extracting a number of small calculi from the bladder of a patient. I made the instrument according to his instructions, but it was found not to answer the purpose. I then said that I thought I could contrive an instrument, which would effect the proposed object, by making it to open *in the bladder instead of the urethra*. This, Sir Astley said, was just what he wanted. I made the instrument, and its success was complete. Sir Astley called on me a few days after, and told me that he had extracted several calculi through the urethra, and among them some large ones, by opening the instrument while in the urethra, and thus *dilating it sufficiently to allow of their passage*; but that there still remained several more in the bladder. Soon after this I took to Sir Astley another instrument, much more perfect, with which he was so highly pleased that he kept it, and returned me the former one, thanking me for the trouble I had taken.* Some months afterwards Mr. Guthrie suggested to me the idea of an instrument *on the same principle*, but with three blades instead of two, for the purpose of dilating stricture, which I accordingly made, and this is the instrument which Mr. Guthrie calls his. I have always called it "Weiss's Dilator," and no objection was made to that appellation until about five years ago, when Mr. Guthrie called on me and stated verbally the substance of what he has now published. This I disproved, as I thought, to his satisfaction, by producing my workman's book, by which the priority of construction of the two-bladed instrument was manifest; since then he has not mentioned the subject to me, and I thought he had abandoned the notion of claiming it, until I saw his statement reiterated in print.

The reputation of the surgeon in his professional capacity, and of the mechanic in his occupation, are separate and distinct; and it would not really be a greater assumption on the part of the mechanic to arrogate to himself the merit of a successful operation because he had made the instrument with which it had been performed, than for the surgeon to lay claim to the credit of the invention of the instrument, because he had suggested the object of the instrument wanted. The instrument spoken of above, which I made for Sir Astley Cooper, from his drawing and instruction, was his, not mine. The one I afterwards made according to my own plan is mine; the idea of it was mine; the principle was carried into effect by me, and Sir Astley Cooper has always allowed me the credit of it. But Mr. Guthrie's suggestion was only a modification, as I said before, of my instrument. The merit of his suggestion I neither dispute nor claim; but the instrument with three blades is still my invention, as it was before with two.

I should not need to encroach upon your space, or to intrude myself upon the attention of your readers on this occasion, were not the degree of merit that fairly belongs to me too frequently claimed by others, and not only my share of praise, but of "solid pudding" denied me. The only reward a mechanic can reap from the success of his ingenuity, is the preference given to him in his business, and at least the profit arising from making instruments of his own invention; but the reverse is too frequently the case. It has often happened to me, that my improved instruments have been ordered from other makers, who never invented an instrument, but profit by copying the improvements of others. In proof of this I may be allowed to mention a fact which shows the extent of the injury done me by such misrepresentations as this of Mr. Guthrie. Sir James M'Gregor wrote to the Secretary at War, stating, upon whose authority I do not know, that the improvements and inventions to which I laid claim, and an account of which I had published in my book, did not belong to me, and to that I owe the loss of my business of supplying the army with instruments. Mr. Guthrie being well aware of this circumstance, I am the more surprised to find him injuring what I most value, my character and reputation. I am, Sir,

Your obedient servant,

JOHN WEISS.

62, Strand, 26th March, 1834.

* An account of this case will be found in the *Medico-Chirurgical Transactions*, vol. 2, p. 349.

NORTHERN DISPENSARY, NEW ROAD.

To the Editor of THE LANCET.

SIR,—I have read THE LANCET too long not to know that for the promotion of the public good your pages are accessible to laymen. A late Number contains an invitation to the profession and others, to communicate with the Parliamentary

Committee on all matters connected with medical charities. As a governor of one, I prefer obtaining your judgment, before proffering to the Committee the results of the operation of the institution I am about to refer to—viz. the Northern Dispensary, New Road, St. Pancras. I enclose the report of the receipts and expenditure of that dispensary, as published by the committee of management. You will perceive, by the statement of page 5 (which I beg you will transcribe*), that to apply for the benefit of the *poor* (?) the sum of 364*l.* 14*s.* 8*d.*, it cost the governors the trifling sum of 173*l.* 14*s.* 8*d.*, to which may be added the interest of the money expended, the purchase of the lease of the dispensary-house and apothecary's dwelling, and the repairs thereof, which may be set down fairly at 60*l.* more. As this enormous sum would equally well ensure the distribution of relief to twenty times the amount afforded, I appeal to the reflecting portion of governors of these jobbing institutions, for some proof of the policy, the economy, the CHARITY, of arrangements like these. Have they any idea that when they subscribe a guinea for the relief of the sick poor, it costs nearly seven shillings to get the remaining fourteen applied according to their intentions? This grievance imperatively demands examination, with a view to its amendment. I have been a parishioner for many years, and a governor of this *charity* (?) nearly the whole of the period, during some years of which I was a member of our select vestry; and I have been repeatedly told by every member of our then costly medical establishment, that the labours of the parochial medical staff were never in any degree lightened by the service of the Northern Dispensary; and I am assured by every respectable surgeon in the district, that the class of patients relieved is generally of a kind whose necessities do not justify the very frequent and harassing appeals which are made to the charitable and humane.

I am, Sir,
Your humble servant,

A GOVERNOR OF THE NORTHERN DISPENSARY.

* It is unnecessary to print the financial statement exhibited in this page, as, on examination, we find that our correspondent has undercharged the amount that may be deducted from the medical items by upwards of forty pounds, having omitted the charges for printing and advertisements.—ED. L.

MODE OF ANNIHILATING THE PER-CENTAGE SYSTEM?

To the Editor of THE LANCET.

SIR,—No arguments are needed to prove a fact so well known, as that general practitioners in London and its suburbs suffer severely by the dispensing druggists. The mischief operates *thus:*—a physician contracts with a family, for a varying stipend, to physic all the members; the prescriptions go to a druggist,—*the rest we know.* Permit me to describe how I have, with the most complete success, frustrated, to the extent of my power, the working of this mischief. Since the satisfactory establishment of the most just right of general practitioners to charge for visits, I have acquainted my patients with the economy of paying for visits *only*, and providing themselves with about 50 shillings worth of drugs. These I compound at their houses, according to the circumstances of the case, and the patient is supplied, at the cost of a few pence, with as much medicine as he could procure only for as many shillings at a dispensing druggist's. *This* is the *only* method of annihilating one of the heads of the hydra which devastates the honest prosperity of general practitioners.—I am, Sir, your obedient Servant,

A SURGEON.

London, March 20th, 1834.

MEDICAL REFORM.

MEETING AT GLASGOW.

AT a public meeting of the medical profession, held within the Tontine Ball Room, on Tuesday, 18th March, 1834, Dr. ANDREW BUCHANAN in the chair, the following resolutions were agreed to:—

1. That it is the duty of all members of the medical profession, at the present crisis, when there is reason to hope that a renovation of the medical institutions of the country is about to be effected, to come forward for the purpose of giving to Parliament and to his Majesty's Government whatever information may be required with respect to the present state of the profession; and of suggesting such alterations upon it as may seem calculated to promote the science of medicine, and conduce to the benefit of the public at large.

2. That the medical profession peculiarly feel, as grievances, the inequality

which at present exists in the rights and privileges of its members, the total absence of all uniform medical government; and the frequent usurpation, in many instances on the most arbitrary and unjust grounds, of that precedence which ought to depend upon merit and intellectual qualification.

3. That the defective constitution of the various medical corporations now existing under the names of Colleges, Faculties, and Universities, is to be regarded as the chief cause of the present anomalous condition of the medical profession. These corporations exercise the unlimited power of regulating medical study, of recognising or rejecting medical teachers, and of granting licenses to practise the various branches of the healing art; but they are altogether unconnected with each other, and are, besides, independent of any supreme authority for their control, so that many of their regulations, instead of being conducive to the improvement of medicine, are obviously intended for their own private interests, while participation in the privileges connected with these bodies, instead of being open to every well-educated man, is precluded in many cases by heavy pecuniary exactions, and in others embarrassed by burdensome and even impossible conditions.

4. That the evils arising from the constitution of Universities are peculiarly felt in Scotland, from the great number of these institutions, all of them assuming a monopoly of teaching, unknown in other British Universities, most unfavourable to the best interests of science, and, moreover, subversive of the ends for which most of the Scotch Universities were instituted and endowed, as well as in opposition to the express terms of the charter from which they derive their constitution.

5. That from the operation of the evils alluded to, it has resulted that medical men are subjected to prosecutions and vexatious exactions, when they attempt to practise their profession beyond the jurisdiction of some particular corporation. That the testimonials of teachers are valueless, excepting in particular districts, and when presented to particular bodies; that public situations are prostituted to favouritism, instead of being awarded to merit; and that the public are exposed to the practice of irregular and uneducated practitioners, against whom efficient enactments either do not exist or are not enforced.

6. That a reform is obviously called for in every department of the medical profession, and that this meeting adopt the following as the first of a series of alterations which appear to them expedient in the constitution of the profession; viz., that an uniform and adequate curriculum of medical education be pursued by all who intend to practise any branch of the healing art; and also that an uniform and appropriate curriculum be enjoined on all persons intending to vend drugs without practising medicine.

7. That a medical license shall confer a title to practise and dispense medicine throughout the British dominions, and that a license in pharmacy shall confer the title of vending drugs throughout the same, and that it shall be competent to every individual holding a medical license, to practise any, or all those branches of the profession, hitherto considered as peculiar to the physician, surgeon, and apothecary; while all persons who shall attempt to practise medicine, or to vend drugs without a license, shall be proceeded against at law, at the instance of the public prosecutor.

8. That as the qualifications of a teacher of medicine are very different from those required for the practice of medicine, no person shall teach medicine who does not hold a license of teacher from a body authorised to confer the same; and that the license shall be conferred on all who shall prove their qualifications, by public examinations in general literature and science, and in medicine and the sciences connected therewith.

9. That professors in Universities must hold a license of teacher; that they shall possess no monopoly in teaching, nor any advantages over other medical teachers, saving those derived from the endowments and character of the institutions to which they belong, and that medical professorships and all other public medical appointments shall be decided by open competition.

10. That it shall be competent to teach medicine in every city throughout the kingdom in which there are one or more hospitals containing on an average 100 patients.

11. That in every city throughout the kingdom in which there is a population of 100,000 souls, or one or more medical schools, with an average attendance of from 200 to 300 students, there shall be established a medical board or corporation, composed of the resident medical practitioners, with power to confer licenses for the teaching and practising of medicine, and licenses in pharmacy. That all medical boards or corporations, whether those now existing or those that may be hereafter established, shall be governed by laws to be enacted for that purpose; that the examiners shall not be teachers, and that

they shall receive a fixed salary instead of fees from candidates examined.

12. That there shall exist in London a central board to which shall be committed the supreme legislative authority on all medical questions of a general nature, and that said board shall have a power of superintendence over all the medical boards, or corporations, throughout the kingdom.

13. That a petition, embodying the preceding resolutions, be presented to both Houses of Parliament—that the Duke of Hamilton be requested to lay it before the House of Lords, and James Oswald, Esq., before the House of Commons.

14. That the following gentlemen be appointed a committee, to prepare and forward the petitions and receive subscriptions, and should it be considered necessary that a deputation should proceed to London, that a meeting shall be called to nominate the gentlemen.

Dr. A. Buchanan,	Dr. W. Marshall,
Mr. J. P. Glen,	Mr. J. Lyle,
— G. Watt,	— J. Buchanan,
— J. Black,	— W. Aitken,
— W. Easton,	— D. Walker,
— J. Anderson,	Dr. M'Laren,
— J. Dick,	Dr. W. Davidson,
Dr. Cunningham.	Mr. J. Campbell,
	Conveners.

ANDREW BUCHANAN, Chairman.

Mr. ANDERSON moved that the thanks of the meeting be given to the chairman, for the able manner in which he had filled the chair, which was carried by acclamation.

MEDICAL REFORM.

WE copy the following article from the *Times* of Saturday, in order to acquaint the readers of THE LANCET with the direction the question of medical reform is now taking. We shall offer some remarks on the pamphlet of Mr. GREEN next week. JOSEPH HENRY is an excellent surgeon, but he becomes the queerest of all comical writers when he endeavours to reduce a complicated proposition to its elementary principles.

"It appeared evident from the announcement of a Parliamentary Committee on the state of the medical profession, and even from the prevalent rumour of a Royal commission before the committee was appointed, that the rules of medical education and the privileges of medical corporations could not be long allowed to remain on their present footing. The examinations hitherto taken before the select committee since the commencement of its inquiry strongly confirm this confidence in a radical change. Scarcely one of the witnesses hitherto examined, though all fellows or licentiates of the College of Physicians, has expressed his own satisfaction, or that of the faculty, in the existing arrangement.

"The impolitic monopolies of medical bodies, like other monopolies, often harshly exercised, and only restrained from greater rigour by the fear of provoking an abolition of their rights,—the conflicting claims of different orders of the profession, mainly arising from these exclusive privileges,—the obstacles placed to the free circulation of medical practitioners over the different divisions of the united empire by exclusive laws in each,—the frequent neglect of the interests of the public and of the honour of the faculty, by the injudicious grant of degrees, diplomas, or licenses, in some cases, and by their unjust refusal in others;—these and many other evils have long been severely felt, and only required the collection of a body of evidence, proving their existence and results, to secure their reformation. In the present patchwork system, which has never before undergone a general revision, one anomaly had been made to correct another; one corporation had received privileges against the public interest, which it was necessary to counteract by giving antagonist privileges to another; Royal charters had been opposed by Acts of Parliament, and Acts of Parliament had been modified in their operation by Royal Charters: in short the profession had been thrown into a mould of accidental formation, from which it came out in a shape which it had never worn before in any other civilized coutry, because in no other country has custom, prescription, or 'the wisdom of ancestors,' been pleaded against the obvious improvements suggested by the results of experience and the progress of reason, with the same force, or for the same duration, as in England.

"Hence it happens, that the greatest city in Europe, where medical education in all its branches must necessarily be most extensively cultivated, has not a board which can confer a medical degree, but must obtain the qualifications of its college from two universities which have not a medical school! Why the old practice was abandoned, of obtaining degrees in medicine from the Archbishop of Canterbury, as in the time of Henry VII., it would be difficult, after this, to explain.

"Just at the eleventh hour of their fate, or when threatened with a Parliamentary

inquiry or a Royal commission, the College of Physicians bethought themselves of this strange inconsistency, and have now, as was mentioned by one of the witnesses, a petition before the Privy Council, praying thir leave to grant degrees, as well as to confer the liberty to practise, on degrees granted by other corporations!

When the College—relying on its three centuries of right to resist innovation—had thus offered to become reformers, it is not surprising that we should have a large body of unprivileged individual projectors, who, in pamphlets and through the periodical press, make known their schemes of reform. We are glad to see that the most of these publications are characterised by one commonidea—the abolition of corporate privileges, a higher standard of medical education, and a separation of the Government of the Faculty, or of the Examining Board, from the narrow interests of teaching or practising establishments.

"One of the pamphlets to which we have alluded is the work of Mr. Green, professor of surgery at King's College, London, and one of the surgeons at St. Thomas's Hospital. It is entitled, *Suggestions respecting an intended Plan of Medical Reform, particularly offered to the Legislature and the Profession.* The learned Professor may have a higher idea of his own 'plan' than he can instil into the parties for whom it is intended, but amid a good deal of professional pedantry, of quaint or not very intelligible language, and of fanciful or fantastic distinctions and proposals, his publication contains 'suggestions' not unworthy of attention. Why he dwells so much upon the *character of a gentleman* in the medical practitioner, and insists upon having a kind of court of honour as an adjunct to a medical board, we are at a loss to decide. Let a high standard of education be required in the profession—let quacks and empirics be excluded—and there is no reason why gentlemanly feelings and habits should be less cultivated in the medical than in other liberal professions. At least a deficiency in such habits and feelings must be left to the punishment or correction of the world, and cannot be supplied by any general rules of medical education. Mr. Green's three requisites of the medical profession are—1st, 'The possession of *technical knowledge*;' 2nd, '*Scientific insight*,' or, as he goes on quaintly to express it, 'the possession of the knowledge of those laws or rational grounds which form at once the principles and ultimate aims of all professional knowledge;' and, 3rdly, 'the character of a gentleman,' 'that his conduct may be a pledge that he pursues his profession as a liberal science.'

"Mr. Green, like every other man of sense, insists on a good general preparatory education in the candidate for medical honours, but probably most of our medical practitioners would think his standard too high. We ourselves would be ready to compound with the examining board for a competent knowledge of Greek and Latin in the medical pupil, in addition to the requisite scientific and practical attainments of a professional kind; but our author demands, still further, a knowledge of logic (he does not say whether Aristotelian or Baconian), of mathematics, and of Lord Chesterfield!! The following is his programme of study or qualification for a degree, expressed in his own words, and with his own italic characters:—

"'The knowledge of *words*, their definite import and right use, as grounded in grammar, and evinced by a *correct style*.

"'2. The knowledge of the elements of *mathematical science*, as the discipline of the pure sense.

"'3. The knowledge of *experimental science*, as affording the requisite discipline of the senses.

"'4. The knowledge of *logic*, as the laws of right reasoning, the forms of all legitimate conclusion, and the criterion of truth and falsehood.

"'5. The knowledges properly *medical*, grounded on physics, physiology, and psychology.

"'6. The cultivation of the *morals*, and the formation of habits of *gentlemanly feelings and conduct*.'

"To his proposition of a Government or Examining Board, greatly modified, little objection might be felt, but we have the utmost repugnance to establish *by law* his higher and lower grades in the profession, under the names of '*inceptor graduates of physiology*,' 'graduate in physiology,' 'doctor in medicine,' 'master in surgery,' and 'doctors in medicine and midwifery,' or any other title. All men let loose upon the world to practise on the bodies of their countrymen under the name of doctor, surgeon, or general practitioner, should be supposed by law to be qualified for their business by an average education, and all subsequent distinctions to which they may aspire should be the consequence, not of their diploma or degree, but of their personal talents and professional eminence. The poor must not be taught to suppose that the Government makes doctors for them with lower qualifications, and other doctors for the rich more highly instructed or gifted. Practitioners may attain the reputation of a Baillie, a Hunter, or a Cooper; but it is

only the examining board of public opinion, and the assenting voice of professional admiration, that could confer such degrees. It is evident at least that titles of this kind cannot be the coinage of a college or the creation of a medical board."

THE LANCET.

London, Saturday, April 5, 1834.

A Correspondent, who adopts the signature of "Crito," expresses his astonishment and indignation at the maintenance of such a silence by The Lancet with respect to the evidence elicited before the Parliamentary Committee, and the details of the plan which The Lancet itself would support in remodelling the medical government and institutions of this country. That our correspondent, in the full indulgence of his speculations, may fancy he has discovered something which ought to "astonish" him, we can readily imagine, but we are at a loss to conceive how it happens, if he really be attached to the cause of medical reform, that any portion of our conduct has been of a character to excite in him even the slightest sensation of regret, and still more are we at a loss to discover cause for his "indignation." If "Crito" be not a foe of that cause which he professes to advocate, he is, at least, utterly ignorant of the strength and character of the new position which the question of medical policy has assumed. He is insensible to passing events; he is unacquainted with the operation of that instrument which is now employed in the investigation of medical abuses; he is not competent to estimate the force of the moral and legal obligation of obedience which is due to the injunctions of a Parliamentary Committee, signalized by the honourable manner in which its members were chosen, and, in a still higher degree, by the elevated line of conduct hitherto observed in its scrutinising researches; in a word, although "Crito" may, in reality, be the friend of the cause of medical reform, yet, as regards a just appreciation of those principles on which an improved system of medical polity should be instituted, he is as completely deficient as he is of a knowledge of the arrangements which are absolutely essential to carry those principles into efficient practical operation. We strongly suspect that "Crito" indited his note in the camp of the enemy, or in one of those closets which are exclusively appropriated to the labours of the corruptionists and their hirelings. Be this as it may, we are neither to be wheedled nor driven from a line of policy which we are induced to pursue from a sense both of duty and of inclination. If "Crito" be a medical reformer, let him console himself under the reflection that every step taken by the advocates of the cause is an act of certain advancement towards success. If, on the other hand, he be the enemy of reform, he may indulge, to his heart's content, in a feeling of rage.

The note of our Correspondent shall prove of service, by inducing us to remind the readers of The Lancet, how much has been gained for the legally-qualified practitioners of this country, by the constant endeavours of the press to make the public acquainted with the iniquities of the medical corporations. Eleven years ago the trumpet of medical reform had not sounded a single blast. Not one medical reformer had then unfurled his standard. Yet there now prevails a conviction, not only among the ranks of medical men themselves, not only throughout the entire mass of the community, but even in the houses of the Legislature, —that a remodelling of the laws relating to the practice of medicine is absolutely essential both to the preservation of the

rights of the qualified members of the profession, and the security of the public health.

If, then, so much has already been gained by a steady perseverance in a straight-forward course of conduct, surely it is not advisable that medical reformers should adopt a new system of tactics, even though it proceed under the authority, and be sanctioned by the recommendation of, the chief conservatives belonging to our universities and colleges. The experience of a ten year's struggle must assure all those medical practitioners who have taken any share in the contest, that whatever may appear to be the best line of policy on the part of the monopolists at this portentous crisis of *their* fate, it is the duty of the reformers to persist, with unflinching determination, in exposing those abuses and oppressions which are the natural emanations of the present atrocious system of medical government. If the monopolists choose to select the present as the fittest moment for entering on discussions as to the construction of new arrangements for maintaining the old orders of the profession,—if they think proper at this threatening epoch of their fate to pass over, without notice, those abuses the existence of which they have pertinaciously denied,—why medical reformers may remain contented while the discomfited creatures rack their brains for the construction of a net-work of law which shall once more entangle all the qualified practitioners of medicine. Parliament having appointed a committee of inquiry, it is, obviously, equally the duty and the interest of medical reformers to aid by every possible means the labours of that committee. Their assistance can be rendered effective by three different modes, viz.—by furnishing, as witnesses, evidence of facts, by supplying the chairman or members of the committee, confidentially, with instances of abuse, and thus enabling them to command the attendance of third parties as witnesses, and by suggesting to the chairman or members of the committee, questions which ought to be proposed to the acting managers, medical officers, and other functionaries, of the ill-governed medical institutions which exist in their neighbourhood.

In this way assistance of the most useful kind may be afforded, and information conveyed which must contribute, in no trifling degree, to stamp the character and tendency of the report of the Committee. In furtherance of these objects, the reformers of London are most earnestly solicitous that reform committees should continue to hold their sittings in all the important towns of England, Ireland, and Scotland,—not only in order that facts may be, through their agency, collected, and forwarded to the Parliamentary Committee, but with a view to giving the best possible direction and effect to those ulterior measures which the facts contained in the report may appear to the profession to demand. Committees, consisting of deputies from the various branches of the profession, spread over widely-extended districts, will, in all communications, either with the legislature or the profession, exercise an influence which could not attach to the exertions of *individuals*, whose measures or suggestions might appear to be divested of a common object or bond of union.

In continuing the attack, therefore, on the corruptionists, we can best prosecute the war, and defeat our enemies, by plying the Parliamentary Committee with STATEMENTS OF FACT, illustrative of the misgovernment of the medical colleges and corporations. *Evidence* is now the most efficient ammunition to which the medical reformers can resort.

One of the physicians of *St. George's Hospital* happens to be the editor of Messrs. Longman's green journal, — a publication which was projected with no other view than that of upholding the monopolists of our hospitals in the system of extortion which they had so long practised against private teachers, the profession generally, and the public. When, therefore, we inquired of Mr. Cæsar Hawkins whether he had not lately been engaged in an operation, the results of which led to a catastrophe, we expected that Dr. Roderick Macleod would, as a matter of course, in pursuing his ordinary avocation of defending or concealing the misdeeds of his employers, deny that any operation had been improperly attempted or performed within the walls of *St. George's Hospital*. The defender of the Bats even goes so far, we understand, as to intimate that we are the subjects of a hoax on this occasion, but when the following questions have been answered by Mr. Hawkins, it will be seen who has and who has not been duped.

Has a man of the name of Fisher been admitted within the last few months into *St. George's Hospital?*

What was his complaint?

Did Mr. Hawkins try an experiment on him?

If any, what was its nature?

Was any new instrument introduced into his bladder, and was the operator capable of controlling the movements of the instrument after it was introduced?

Did the instrument stick fast in the bladder?

Was a cut made through the perineum into the bladder, as in the lateral operation of lithotomy, for the purpose of liberating the instrument?

Was it extricated thereby?

Did the patient expire on the 8th or 9th day after the operation?

Was the body examined?

Was there a coroner's inquest held over the body of the deceased?

We call on Mr. Hawkins, or his defender, to answer these questions—questions which are neither numerous nor complicated.

We have inserted elsewhere a series of resolutions, constituting the substance of a petition to the Legislature, adopted by the medical practitioners of Glasgow. In the first five of the resolutions not a single statement is made which will admit of denial or debate. The abuses therein described are notorious, and generally acknowledged. In the accuracy of all that is stated, then, in the first five of the resolutions, we must offer our hearty concurrence. On stepping, however, from the subject of the disease to that of the remedy, our northern brethren advance not a single inch without trenching on unsound positions. Thus we are furnished with additional testimony of the disadvantage of recommending any details of a scheme of medical government until the principle is recognised on which the whole of the arrangements of future medical law should be constructed. With the sixth resolution, therefore, the first of a long train of debatable questions is suggested, and in several of the other resolutions, although the Glasgow practitioners have evidently been influenced by the best motives, there will be found no insignificant portion of objectionable matter. Respecting these "resolutions" we shall not make further remark, and with regard to the sixth shall merely observe, that if the curricula of the schools are left to the convenience and interest of the *professors* and *teachers*, uniformity of system in the examination of candidates before the au-

thorities of the Faculties, would produce an almost magic influence in giving uniformity to the system of medical education.

A MAN has just expired in *St. Thomas's Hospital*, on whose body an attempt was recently made to tie the subclavian artery. The miserable man was under the hands of the operator nearly *four hours!* During the progress of the operation warm words were exchanged between two of the surgeons concerning the structure of an exposed part,—one alleging that it was an artery, the other insisting that it was not, when one of the two abruptly left the the theatre. Will the surgeon publish his own report of this case?

SOME notion may be formed of the agitation which has been produced in several of our ancient establishments, when it is known that professors' chairs have lately become as empty as many of the heads of their former possessors. In several instances the chairs have been put up to sale. In other instances, intrigues have been going forward to obtain partners, along with heavy pecuniary bonuses. Amongst others, it is alleged that the lecturer of midwifery at a hospital near Smithfield has brought his chair into the market, and that a Dr. B. has offered fifteen hundred pounds for the transferable commodity. We advise those speculators in these matters who may have cash in their purses, to retain it until the publication of the report of the Parliamentary Committee of Inquiry. After a heavy outlay of capital it is by no means agreeable to discover a defective title.

THE Army Medical Board has been frequently regarded as a very curious institution, in consequence of the curious manner in which its affairs have been managed; but can it be true, as reported, that sick officers succeed in obtaining leave of absence with peculiar facility, provided their certificates of ill-health bear the signature of the surgeon who, for some years past, has been in close official connexion with Sir JAMES M'GREGOR?

WHEN Sir HENRY HALFORD received his late appointment of physician to the King, he was, at the time, *ex-officio* physician to his Majesty, as President of the College of Physicians. It is rumoured in the court circles that the *one* doctor considered that by this event he was *pluralised*, having received his appointment from two sources, and he accordingly applied for *two* salaries! The baronet received in payment one salary and several frowns.

DR. CLEMENT HUE, *physician* at St. Bartholomew's Hospital, lecturer on the theory and practice of *Medicine* at St. Bartholomew's Hospital, lecturer on *Materia Medica* at St. Bartholomew's Hospital, and lecturer on *Chemistry* at St. Bartholomew's Hospital, has, it is said, resigned *one* of his offices; and a correspondent wishes to know whether he has abandoned it, lest his holding *so many* should bring on him a lecture from the chairman and members of the Parliamentary Committee?

SIR JOHN SINCLAIR, whose active and benevolent mind is ever engaged in objects tending to the advantage of his fellow-creatures, has transmitted to us a description of what is styled, by Mr. JOHN JOHNSTON, the inventor, a most important medical discovery. The invention consists of a bed, having certain contrivances, for the accommodation of invalids. Sir JOHN SINCLAIR and Mr. JOHNSTON do not

appear to be acquainted with the fact, that such beds have been known and in use since 1806,—Mr. HARROLD, of Cheshunt, having in that year published an account of one in No. 83 of the *Medical and Physical Journal*. But by far the best contrivance of the kind is the revoluble-bed of Mr. JERRARD, Surgeon, of Honiton, Devonshire. The patient, while on this bed, can turn himself from side to side, by means of a screw, and, with the aid of an assistant, the mattress-frame may be made to assume a variety of angles, suitable to the changing postures of the sick person, —furnishing, in one state, all the comforts of an easy-chair. A full account, accompanied by an engraving of the bed, may be found at page 506 of Vol. II. of THE LANCET for 1827-8.

SIR D. K. SANDFORD, Professor of *Greek* in the medical University of Glasgow, has just been elected *Member of Parliament* for Paisley, and Dr. CLARKE, Professor of *Anatomy* in the medical University of Cambridge, is a doctor of *divinity*, and holds a *fine fat living in Yorkshire*.'

NORTHERN TOUR OF A SOUTHERN LECTURER.*

(Continued from No. 549, page 899.)

"4th day.—Devoted the whole day to visiting the College of Surgeons. Like all my cockney surgical friends, I never knew there was such a place till I came here. I could not avoid expressing my surprise to several of the surgeons at the magnificence of the building, but what was of more consequence, at its contents; and I pretended to know the nature and value of them all. The building is called Grecian or Russian, I forget which, and is also called classical, though I did not see any Latin inscriptions on it. It cost upwards of twenty thousand pounds, which is equal at least to about forty with us in the building way. Besides a theatre, it contains a real good museum. The Scotch are very economical, and it is evident to me that they have selected their preparations more to instruct than to astonish the public, besides the collection they bought from CHARLES BELL. Dr. BARCLAY left all his in a legacy. From the many thousand preparations they have collected together they must have been very diligent. How I will astonish EARLE and VINCENT and LLOYD when I return, for none of us ever conceived there could have been such a collection in Scotland; though by a little reflection it might have occurred to us, that as people die in Edinburgh as well as in London, diseases must be also found in Scotchmen after death. The preparations are well arranged, and all the cases so placed, that the contents of the bottles can *be seen*. This museum is daily open even to the young student. I got several drawings, made by my friend Mr. ——, which every one who chooses is at liberty to make. LISTON showed me some curious diseased bones, particularly some ununited fractured *patellæ*. I saw he meant to quiz me, so I buttered him a little about his dexterous operations, and thus changed the subject. The College of Surgeons here is quite differently constituted from ours. They give diplomas just as we do, for a few pounds, but the Fellows of the College have all equal rights. Poor devils, they have no Council! Their president is chosen from the commonalty, and so are their examinators, once a year, and they get nothing for all their trouble! What a superior system is ours!

"I dined at Doctor ——'s. There was a medical party on purpose to *see* me. We had a most sumptuous and expensive dinner. I could not help thinking, however, that a bit of the old best double Gloucester would have given a great relish to the whiskey.

"5th day. Got porridge, with bottled small-beer, and brown sugar, to my breakfast - a very *intellectual* diet. Visited the University, an enormous square building. Doctor MONRO's is a magnificent class-room. Here, again, to my astonishment, I found another very extensive museum. In short, the whole building contains nothing but museums and class-rooms of all kinds, and many of them as good as possible. The prices of the classes are so cheap here! Nothing but the large number of students and the privilege of selling the chairs to successors could make the professorships pay. Four guineas each course, and the course double the length of ours. What prices! No wonder that

* Picked up near the chair of anatomy in St. Bartholomew's Hospital.

students flock here by the hundreds. Besides, the professors of the University, or the 'Medical *Faculty*,' as they call themselves, there are many private lecturers who have very good faculties, and support the reputation of the Edinburgh school. These two sets of teachers hate each other, just as the authorized teachers with us hate the London University men and all mushroom schools. The first I would call the Radicals, and the other the Bats. The Scotch Bats have little support, and, like all of us who are in a declining state, are puzzled what to do. Paltry as their class fees are, some of them think that the price ought to be lowered, and that they should make fewer classes necessary to obtain a degree; but the most sensible of the professors are resolute in keeping up the price, and will not yield one farthing. This is just what we do at Bartholomew's.

"6th day. Visited some of the teachers' class-rooms and museums. Both MACKINTOSH and LISTON have some excellent preparations. LISTON gave me an exostosis of the last phalanx of the toe, which I shall show off for something new when I return. I also carried off a pair of dissecting forceps, very superior to ours, and a pair of LISTON'S stone-forceps, the extremities of which are lined with a piece of cloth to prevent the stone slipping. I was so delighted with my visit here, that I told them all I would return next season. To-morrow I start for Glasgow, and have taken an outside place."

WESTMINSTER MEDICAL SOCIETY.

Saturday, March 29, 1834.

Dr. GEORGE GREGORY *in the chair.*

ONE OF THE "HIGH-MORAL-FEELING" MEN.

IT was some time since stated that this Society had instructed a committee of its members to draw up a petition to Parliament, founded on the resolutions adopted during the late debates on medical reform. The petition being prepared, it was laid on the table at the meeting of the 15th ult., and received the approval of the Society, and on the following Saturday was made the subject of a "fabrication" in Messrs. Longman's periodical, of which notice was taken in the following manner at the Society on Saturday last:—

Mr. HUNT, in a brief speech, appropriate to the occasion, adverted to the high character of the Society, and its usefulness in the profession, and deemed it exceedingly proper that the gross misstatements and libels which were contained in the article in question, should be noticed and reprobated by the members, as a body. The editor of the journal was probably not the writer of it, but had been imposed on by some designing person to insert this piece of fiction as a communication of truth, and he therefore trusted that the author of the article would, if he were now in the room, show himself manfully to the Society, and, if still disposed to defend his falsehoods, afford him (Mr. Hunt) the opportunity of denying and exposing them. It would be but an act of justice on the part of the anonymous writer to step forward, were it only to prove, by acknowledging his libel, that the gentleman who now sat in the chair (Dr. Gregory) had been most shamefully traduced by public report.

Mr. COSTELLO wished Mr. Hunt to be more explicit in his references, as he did not at present exactly understand what he meant.

Mr. PETTIGREW also hoped that Mr. Hunt would make a specific charge, as he at present knew nothing of the matter, not having himself either read the articles referred to, or seen any numbers of the publication in which remarks on the Society had appeared. Would Mr. Hunt be so good as to state exactly what were the contents of the libel? He (Mr. Pettigrew) felt anxious on the subject, because he was chairman on the evening referred to, and was not aware that irregularity of any kind had occurred in the proceedings.

Mr. HUNT said that the report was meant to be humorous, but that its distinguishing character was untruth, from beginning to end. The Secretary had better read it. (The Secretary went through the task.) The members could now judge of its falsity. It could not have emanated from the conductors of the journal. They were all members of the Society, and would not, of course, thus slander anonymously their professional brethren. Some artful individual, not a member, must have imposed on them, and he trusted that the Society would deny the statements. Though it might not be worthy of them to turn aside the shafts of ridicule, yet those of falsehood ought to be repelled, and he who had now shot at them from his place of ambush merited rebuke as deservedly as he had excited contempt. (*Hear, hear.*)

Dr. JAMES SOMERVILLE thought that Mr. Hunt had taken some wrong view of the matter. He had, for instance, insinuated that the writer was a member of the Society.

Mr. HUNT. It is so reported.

Dr. Somerville. Well; it ought not to ruffle our tempers. He (Dr. S.) would simply have a word or two altered at the close of the report, and then the paragraph would stand thus, with perfect truth;—"Are the members of this once-respectable Society aware, that the writer of the report is making himself very ridiculous in the eyes of the profession, and of that large portion of the public which is ever on the watch for matter of amusement?" (*Hear, hear.*)

Dr. James Johnson also thought that the alleged report should be passed over with contempt. (*Hear, hear.*) The partisan scribbler, when he stated that the Society, "*instead* of praying for the constitution of one faculty, or academy of medicine, prayed that Parliament would appoint a governing body or council, for the guidance and the regulation of the profession"—had caught at a word, and lost sight of the subject. The report in the Gazette was merely a piece of spite, perpetrated because the writer's views had not been entertained by the Society on a former occasion.

Mr. Costello considered that the poor creature who wrote the report was quite unworthy of their anger, though his article, he believed, was a lie from beginning to end. In one part, for instance, the fabricator of this diatribe stated that "a Mr. Costello had been one of the most strenuous supporters of the one-faculty scheme in the early part of the drama," though it was a fact that he (Mr. C.) was not even in this country at the time the resolution was penned and the proceedings were arranged, and he had had no act, hand, or part, in their institution. If he wished to speak seriously of the contemptuous designation used with reference to himself, he might appeal to the members whether he had not, since he had been amongst them, ever exerted himself to promote the objects of the Society (*Hear.*) He might be excelled in power and talent by others, but he would yield to none in zeal for the diffusion of medical knowledge. He entertained, however, no other feeling than one of pity for the writer of the report, which was so far fortunate, as it left his (Mr. C.'s) benevolence free to make the libeller a present of his courtesy. (*Hear, hear.*)

Mr. Smith considered that the whole report in the paper was a most ridiculous statement,—written, as was often the case, only to amuse the profession; and that such trash was not worthy of notice. (*Hear, hear.*)

Mr. Salmon could not consent to this abrupt dismissal of the subject. The statements as to the inconsistency of the Society on the one-faculty question demanded refutation, and the article was of such a character that it was unworthy of any publication to insert it in its pages.

Dr. Gregory rose and said, that this was the second time he had been the subject of reflections in the Society connected with the reform question. Mr. Hunt had charged him on a previous evening with having penned in Dr. Somerville's private room a resolution which he had afterwards opposed in that Society. He had already denied this insinuation elsewhere, and he now again said that he did not oppose a resolution on one occasion which he had defended on another. He had always opposed an amalgamation of the profession—a one-faculty scheme. He had supported a governing body or council at Dr. Somerville's, and in this room he distinctly stated that such a council had his approbation. This was what was meant by the resolution penned at Dr. Somerville's, but the idea therein embodied had been so misconstrued in a publication to which he need not further allude—he meant The Lancet—that the resolution had come to express what the Society did not mean. If the Society, however, now meant to imply by a "governing body" what Dr. Somerville intended when he first proposed it, leaving the Government of the country to state how that body should be constituted, he (Dr. G.) would say that the writer of the offensive report had grossly libelled the Society; but as long as he (Dr. G.) found a resolution on the books of the Society so inconsistent with the prayer of the petition as was the "eighth resolution," the former not saying one word about the one-faculty scheme, and the latter expressly proposing it, he should refuse to sign the petition. If the one-faculty resolution, however, were erased from the books, he would put his name at once to the petition, and say that a better petition could not be put forth on the subject by any Society.

Mr. Costello said, that it was not correct to say that the resolution and the clause in the petition were inconsistent, and meant different things. The intent of the petitioners was, by that clause, to pray for one faculty, and if he had any knowledge of the meaning of words, the petition did embody the object of the resolution.

Dr. Gregory. To this petition I cordially give my consent, and will sign it if the Faculty resolution be withdrawn from the books.

Mr. Hunt thought that the conduct of Dr. Gregory ought to be briefly reviewed, to see whether he was justified by his

original proceeding and professions, in pursuing the course he had subsequently adopted, or whether the whole affair was not a manœuvre. When the eighth resolution was first framed at the house of Dr. Somerville, a conversation arose as to the words that should be used in it. It ended by the drafts of that resolution, which had been framed in committee, being handed to the President, at his request, for him to frame one which should embrace the object proposed, and I declare to the Society (continued Mr. Hunt), on the word of a gentleman, that the eighth resolution, as proposed to, and carried by, the Society, was perfected by the President himself,—by the very gentleman who afterwards managed to temporarily annihilate it in the Society, to the astonishment of every member of the Committee who knew that it was Dr. Gregory who had constructed that resolution.

Dr. SOMERVILLE said he had kept away from the Society for some evenings after the vote against the eighth resolution, because he would not be tempted to state in public the particulars of private conversations, but as the veil had been so far removed from what passed at his house, he had now no objection to state the facts bearing on this question. He (Dr. S.) had laid before the Committee on that occasion a series of resolutions relative to the subject of medical reform, which were all duly considered. Two versions of the eighth resolution, however, were prepared, one by himself, and the other, which was considered as an expansion of his (Dr. S.'s), by Dr. Johnson. While the decision on these two was pending, Dr. Gregory said,—"Gentlemen, leave it to me,' and I will make a resolution on the subject which shall be perfection," and so he did, and said when he had finished it, that it was now an "excellent resolution." Dr. Gregory then drew up a programme of the intended proceedings of the Society, in which the various "actors," as they were called by the author of the report in the *Gazette*, who enacted the "drama," as the proceedings also were called by him, had their several parts, as movers and seconders, awarded to them, and this programme he (Dr. S.) now had by him, in Dr. Gregory's own handwriting.

Mr. STODART here said, that he had copied the resolution which was given to Dr. Johnson to move, from a document in Dr. Gregory's hand-writing.

Dr. GREGORY again rose, when there was a call of "Leave the chair." He said he had taken a series of resolutions with him to Dr. Somerville's, in one of which he made an allusion to a "governing body." He found Dr. Somerville prepared with resolutions, in one of which a "Faculty" or "Academy" was proposed. Some difference of opinion arising as to the terms of the resolution, he (Dr. G.) said, that to make matters sure, he would frame the 8th resolution himself, and would put into it, that this "Faculty" or "Academy" should have control over the whole "governing body" (so said Dr. G., but we suppose he meant "over the *whole profession*"). They (the Committee) never contended for any such thing as an amalgamation or union of the whole of the profession; and when he (Dr. G.) read Dr. Somerville's speech introductory to the question, in THE LANCET, he was surprised at the construction put by Dr. S. on the words "one Faculty." He would now ask Dr. Somerville whether, when he (Dr. S.) laid those resolutions before them at his house, he contemplated the establishment of such a Faculty as was advocated in his reported speech? Was his (Dr. S.'s) speech in THE LANCET a correct statement of his views and of what he said in the Society?

Dr. SOMERVILLE replied, that THE LANCET had omitted some things which he might have wished to have had reported, and had reported others which he had rather should not have appeared, as they were not necessary to the strengthening of his case; as, for instance, his remarks respecting Dr. Thompson and the College of Surgeons, which he afterwards referred to in a note inserted in THE LANCET soon after the debate was published.

Dr. JOHNSON said that the members could not be answerable for all the versions of their remarks furnished by the journals, or the interpretations there put on them. If any person wished to know, on the present occasion, what was meant by the Society with reference to this question, the words of the Society should be taken from the acknowledged resolution; and *that*, he (Dr. J.) declared, was in no respect inconsistent with the clause in the petition. (*Hear, hear.*)

Mr. HUNT, before closing the debate, begged the Society to observe, that they now had it on the personal testimony of two most respectable witnesses, that Dr. Gregory actually penned the resolution in private, which he had afterwards, to the astonishment of every hearer who was cognizant of that fact, opposed to the utmost in public.

Dr. GREGORY. And I should have supported it in public, but for Dr. Somerville's statements, after which I opposed it, as the resolution and the petition do not now mean the same thing.

Mr. COSTELLO said, it would take the

ground completely from under the feet of the traducer, if the Society were to establish, by a vote, that the meanings were synonymous. (Cries of "No, no; it is not necessary.")

Dr. GREGORY. In that case the petition should be altered, and the eighth resolution inserted in the place of the last clause, and then let Parliament judge what sort of a—[we lost the close].

Dr. SOMERVILLE hoped that Mr. Costello would not press the point, as he thought Dr. Gregory had given the Society all the explanation that was *convenient* on the subject. (*Laughter.*) From what he knew of Dr. Gregory, he was certain he would go through fire and water to serve the Society, whether in speaking or writing. (*Laughter again.*)

Dr. GREGORY. Does Dr. Somerville withdraw the comments he made in his speech on the one-faculty scheme? If so, I will sign the petition.

Mr. SALMON said it was preposterous to ask such retraction of any member, as the equivalent for such a valuable consideration as the signature of the President. He was greatly surprised at the manner in which the President had evaded the charge brought against him of having libelled the Society in anonymous articles in a medical periodical. (*Hear, hear.*) [We did not catch the exact words of Mr. Salmon, but this was the effect of his latter observation.]

Dr. SOMERVILLE, in some concluding remarks, intimated that Dr. Gregory need not be so anxious to cherish an opposition to the institution of one faculty of medicine, for the feeling in its favour was almost universal in the profession. He was himself, even, startled to find the involuntary and almost unanimous opinion which prevailed amongst the high and distinguished medical gentlemen who had as yet been examined before the Parliamentary Committee, in favour of such an union of the profession. Their evidence, almost without exception, went to advocate the institution of one faculty. (*Hear, hear.*)

[Some medical cases were then related, a report of which we must postpone].

WESTMINSTER MEDICAL SOCIETY.

To the Editor of THE LANCET.

SIR,—As a member of the profession residing at the west end of the town, I attend occasionally as a visitor at the meetings of the *Westminster Medical Society*. As the gentleman who reports for your journal was present at the discussion of last Saturday, it does not become me to make any report on the proceedings, or to anticipate the terms in which the writer of the sketch in Dr. Macleod's pamphlet will be characterised in your report; but well do I recollect the epithets which were bestowed on that individual by several of the speakers,—Dr. George Gregory in the chair. Now, sir, my object in writing to you is to make known the astounding fact that Dr. George Gregory himself was the writer of the article which called forth the indignant animadversions and feelings of the members; and there sat Dr. G. Gregory as president, thus hearing his character and conduct most appropriately represented. I am enabled to make known that Dr. G. was the writer of the article, because his vanity fooled him into this admission to more than one person, at a time *anterior* to the discussion on Saturday evening. Were I a member of the Society, I would not only accuse him of the offence, but, on the authority of his own statement, I would move for his expulsion: and if he be not expelled I know what will be said, as well as what will become, of the "once-respectable" Medical Society of Westminster.

I am, Sir, your obedient Servant,

A WEST-END PRACTITIONER.

March 31st, 1834.

LONDON HOSPITAL.

DISLOCATION OF THE HEAD OF THE RIGHT FEMUR INTO THE FORAMEN OVALE.

I. D., ætat. 35, was admitted into Mellish's Ward on the night of the 10th of February, under the care of Mr. ANDREWS, in consequence of having been thrown from a cart a short time previous to his being brought to the hospital.

On being placed on the bed, one leg was found to be widely separated from the other, and any attempt to bring them together caused considerable pain. The foot was in a natural position, without inclining to either side, and resting upon the heel. There was decided flattening of the hip, and increase in the length of the limb to nearly two inches. He cannot say in what position he fell on the ground,—whether the legs were separated at the time or not. On being removed to the operating theatre, attempts at reduction were made for more than an hour and a half, without success; when the operators were obliged to desist, in consequence of one of the hooks of the pulleys becoming straightened. Great difficulty was expe-

rienced in fixing the pelvis; it was therefore determined to defer all further attempts at reduction until two o'clock on the following day, when the patient was again brought into the theatre, and placed on the table. The pelvis was secured by round towels; and attempts at reduction were repeated, and persisted in for a considerable time, without success. At length the head of the bone was found to be removed from the position it had taken up, when the other hook broke, and the head of the bone returned to the place from which it had just been dislodged. The reduction was ultimately effected by placing the patient in a sitting posture, with a post between the thighs, when extension was kept up for a considerable time. The rope was then cut, and the limb at the same time being suddenly forced across its fellow, the head of the bone slipped into the acetabulum. The patient was in the theatre upwards of one hour and three quarters, the whole of which time was occupied in attempting to effect the reduction of the dislocation.

He has not complained of the slightest pain in the joint; nor has there, apparently, been any inflammation set up. The skin has sloughed in a trifling degree in two places, where the towels were affixed. The man, of course, has not been allowed to use the limb in the slightest degree.

DISLOCATION OF THE HEAD OF THE LEFT FEMUR INTO THE FORAMEN OVALE.

An accident of this nature was brought to the hospital on the 19th of February. The patient, a stout, robust man, was stooping, with the thighs widely separated, tying a rope round a sack of malt which was to be lifted into the upper floor of a warehouse, when another sack, which was on a level with the loop-hole above, slipped out of its rope, and fell across the lower part of the man's back.

The diagnostic symptoms were so well marked that it was impossible to mistake the nature of the accident. The legs were widely separated, and with great difficulty and pain were made to approximate, the man calling out most lustily at any attempts to bring them together. The dislocated limb was then seen to be considerably longer than the other; the foot was turned outwards, and the body bent forwards, and on standing erect the thigh was bent upon the body. The flattening of the hip was very evident, and the head of the femur could be felt at the upper part of the thigh. He was taken up-stairs into the operating theatre, and placed in a sitting position, with a post between the thighs. A round towel was then passed around the thigh, to which the pulleys were in the act of being affixed, when, on drawing the towel tight, the head of the bone suddenly slipped into its socket, to the great surprise of those present.

*** This is the second case of dislocation into the foramen ovale brought to this hospital within nine days. Although these two cases succeeded each other so quickly, the latter is only the fourth case of the kind which has been admitted into the hospital during the last thirteen years. The first of the two cases is reported immediately before this one.

FRACTURE OF THE SKULL, WITH COMPRESSION.

An old man, apparently about 80 years of age, was brought to this hospital on the night of the 16th of February, in a state of insensibility, in consequence of his having fallen from a two-story window. When placed in bed he was completely insensible; breathing stertorous; pupils very much contracted, and insensible to the stimulus of light; pulse slow and labouring, in a short time becoming so indistinct as scarcely to be felt; there was a small contused wound of the scalp, of a triangular shape, over the left temple. On passing the finger into the wound the bone was found to be denuded of its pericranium, and a fracture was detected, with slight depression, but it did not appear to extend beyond the outer table; there had been no hemorrhage from the ears, and very little from the wound in the scalp. He had had an involuntary evacuation of feces on his way to the hospital.

Mr. Adams enlarged the wound, when a fracture was seen extending in several directions, with a depression of bone, which he attempted to restore to its natural situation by means of an elevator. Failing in this, he sawed off an angular portion of bone and removed two or three small insulated osseous pieces, on the removal of which the pulse immediately became distinct. There was some hemorrhage, apparently from a branch of the anterior branch of the spinous artery, which was restrained by dossils of lint. The integuments were brought together, and retained by slips of adhesive plaster lightly laid over. (To have spirit wash kept constantly applied to the head.)

The patient remained in the same state of insensibility until 2 o'clock the following morning, when he died.

On examining the head *post mortem*, the fracture was seen extending through the petrous portion of the temporal bone to the

base of the cranium. There was a considerable quantity of blood, not less than 6 ounces, diffused between the dura mater and skull.

ST. GEORGE'S HOSPITAL.

TAPPING IN OVARIAN DROPSY.

ELIZABETH PARKER was tapped for ovarian dropsy on the 13th of March. She was a patient under the care of Dr. SEYMOUR. Mr. BRODIE performed the operation, not in the usual situation, the linea alba, but nearer to the anterior superior spinous process of the ilium on the left side. The reasons adduced for departing from the usual method of proceeding were these. Mr. Brodie remarked, that the situation in which he had made the puncture was near that which was pointed out for operation by the older surgeons. It was said that a line should be drawn from the umbilicus downwards, and outwards, to the anterior superior spinous process of the ilium, and that the puncture should be made at the median point of that line; but he (Mr. B.) rather made it on the outside of this point, and nearer, therefore, to the ilium. He never wounded the trunk of the epigastric artery, because he did not go poking about for it, and he preferred this situation, because the trocar there passed through the muscle, and not the tendon, as at the linea alba. He had known several instances in which, where the latter had been punctured, the wound had not closed, but continued fistulous, and the patient's abdomen had remained in a constant slop. This could not happen where muscular parts only were divided. There was another point connected with the operation of tapping in such cases, viz. the absolute necessity that existed for the patient's keeping perfectly still for some days after the operation, in order to prevent anything like inflammation of the cyst of the tumour. This was a point of great importance, and not at all noticed in books; it was one, however, of which he had seen some instances. The affection would come on very gradually and imperceptibly; the patient would go on for some days after the operation much as usual, until by-and-by the pulse would become a little quick (between 80 and 90) and sharp, the tongue red, and the skin hot and feverish. In that way (generally without any other remarkable symptoms) the patient would progress until she died, and sometimes after death the whole cavity of the ovarian cyst was found filled with pus, and converted into one enormous abscess. He once had a patient whom he had tapped at several different times for ovarian dropsy. The fluid, however, was always secreted afresh, and on one occasion the discharge consisted of pus and not water. It had been laid down as a rule by some surgeons, that you might prevent the reaccumulation of water in the cyst by stimulating and irritating its internal lining membrance, so as to excite inflammation in it, and thus cure it in the same way as a hydrocele. The chance, however, which this method of cure might afford to the patient was a very fallacious one, in proof of which observation he might adduce two examples where it had been adopted with fatal effects after each operation.

CORRESPONDENTS.

Communications have been received from Mr. Connett—Mr. Grattan—Mr. E. Wilkinson—Mr. W. English—Visitor—Mr. Mason—J. M. C.—W. R. S.—B.—Mr. J. Stevenson.—Several copies of Petitions to the Legislature—*The Derbyshire Courier*—*The Manchester Advertiser*—*The Scotsman*, and several other Newspapers.

The Petition of the *Surrey Benevolent Medical Society* is a carefully written document, and will produce an effect in the proper quarter.

A Physician.—Portions of the medical evidence of the trial for the alleged murder near Ashford are not, by any means, creditable to the profession. The prisoners are acquitted, - a circumstance which will explain to our Correspondent why an examination of the evidence cannot now be made without possibly injuring the parties accused, and of impugning the verdict of the jury.

An Auditor.—Such an abstract of the lecture is useless, as it exhibits only a few stale truisms in following the rules of logic.

The 25th Lecture of Professor Grant on Comparative Anatomy and Animal Physiology, will be published next week.

Bistouri. The surgeons of the London hospitals enjoy no advantage over other surgeons with respect to any privilege confirmed by law.

Mr. H. C. Kelly, Pinner. No. The party in question is liable to the penalty of the Act of 1815.

W. G. J. A guide-book may be purchased at the foreign booksellers. Admission to the hospitals is gratuitous, and the fees to the lecture-rooms not large.

B. The crows are observed, and will be picked at the proper season.

An Old Amateur Reader. Inquiry should be made at the instrument maker's.

Mr. MC——. The paper is left with the Publisher. It should have appeared had we not been pressed for space.

Inquirer. We will refer to the newspaper mentioned.

A Guy's Student. We shall endeavour to gratify our friends on the occasion.